"NO PROBLEM"

REPORT OF THE FRENCH LANGUAGE HEALTH SERVICES TASK FORCE, 1976

Ontario

Ministry of
Health

Chairman
Dr Jacques Dubois

Our Title

"No problem"

These two words briefly typify the response of Health Authorities who have not yet perceived the problems of a minority language group.

"No problem"

An over-simplification of a complex situation - and an attitude which, too often, the Francophone population must face in Ontario.

INDEX

Terms of Reference..... 2

Acknowledgement..... 5

Introduction..... 7

Communication is important..... 14

PART I
The Situation in Ontario

The Government..... 18

The Ministry of Health..... 23

Psychiatric Hospitals..... 30

Regionalization of Health Services..... 35

Exceptional Children..... 37

Hospitals..... 44

Health Units..... 60

French-Language Programme..... 63

Agencies & Volunteer Organizations..... 69

Availability of Personnel..... 73
The Medical Profession..... 75
The Nursing Profession..... 100

Francophone Participation..... 112

PART II
In the Regions

Ottawa-Carleton..... 115

The Counties of Prescott-Russell..... 156

Counties of Stormont & Glengarry..... 166

The Niagara Peninsula..... 173

The Windsor Region..... 183

Township of Tiny..... 187

Nipissing District..... 194

Sudbury Area..... 211

Blind River-Elliot Lake Area..... 225

Sault Ste.Marie..... 230

Wawa and Chapleau..... 232

District of Cochrane..... 234

District of Timiskaming..... 246

Others Areas..... 255

ANNEX

Index of Recommendations..... A-1

Our Contributors.....A-16
(In French Section only)

OUR CHARTS

Chart 1 : French Population in Ontario..... 10

Chart 2 : Distribution of Francophones in Ontario..... 11

Chart 3 : Census and percentage of Francophones residing in areas designated for bilingual services in Ontario..... 12

Chart 4 : Survey of bilingual employees of the Ministry of Health..... 27

Chart 5 : Classification of Hospital groups serving Francophones..... 51

Chart 6 : The situation in certain hospitals serving Francophones..... 55

Chart 7 : Doctor-population and Francophone Doctors-Francophone population ratio in the regions studied..... 78

Chart 8 : Number of Francophone doctors required in the regions to attain the present ratio existing in each of these regions..... 83

Chart 9 : Number of Francophone doctors required in bilingual regions to attain the present ratio of one doctor to 585 persons in Ontario..... 84

Chart 10: Francophone doctors in Ontario and a projection of the need..... 85

Chart 11: Enrollment in the five faculties of medicine in Ontario..... 118

Chart 12: Candidates enrolled in Medicine in Ontario, in 1975, according to their mother tongue..... 119

Chart 13: Graduates in health sciences at Northern College..... 238

OUR MAPS

Map 1 : Ontario - Francophone percentages in districts or counties..... 13

Map 2 : Eastern Ontario..... 114

Map 3 : The Mid-North..... 193

Terms of Reference

An Order-in-Council approved by Her Honour The Lieutenant Governor, dated the twelfth day of February, A.D. 1975, commissioned The French-Language Health Services Task Force.

Upon the recommendation of the Honourable the Minister of Health, the Committee of Council advises that under Section 9 of the Ministry of Health Act, 1972,

a) an advisory committee be established to be known as the French-Language Health Services Task Force, hereinafter referred to as the "Task Force", to study the effects of language on the quality of health services provided to French-speaking citizens in the Province of Ontario;

b) the following persons be appointed members of the Task Force:

Dr. Marc Colonnier*, M.D.
275 Nicholas Street
Ottawa, Ontario
K1N 9A9

Miss Gilberte Paquette, s.c.o.
43 Bruyère Street
Ottawa, Ontario

Dr. Jérôme Corbeil, M.D.
2136 Laurier Street
Rockland, Ontario

Dr. Jean-Marie Rochefort, M.D.
685 Anita Street
North Bay, Ontario

Dr. Jacques Dubois, M.D.
7 Susan Street
Welland, Ontario

Miss Laura Sabourin, B.A.,B.Sc.,Nsg.Ed.
825 Second Street
Cornwall, Ontario

Miss Albina Gagnon, s.p.
30 Cedar Street North
Timmins, Ontario

Mr. Onésime Tremblay, B.A., M.Ed.
737 Prete Street
Sudbury, Ontario

c) Dr. Jacques Dubois be designated chairman of the Task Force;

d) the terms of reference of the Task Force shall be in recognition of the fact that language difficulties may affect the quality of health services presently provided in the Province of Ontario and, therefore, they are directed to the following purposes:

1. To identify where health services are not readily available or accessible due to language difficulties;

2. To recommend courses of action to improve the availability and accessibility of health services by overcoming language difficulties.

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* Dr. Colonnier resigned for personal reasons on January 22, 1976.

We, the undersigned, members of the French-Language Health Services Task Force, respectfully submit the conclusions and the recommendations of the Task Force to the Minister of Health of Ontario.

JACQUES DUBOIS, M.D. - PRESIDENT

ONÉSIME TREMBLAY, B.A., M.Ed. - VICE-PRESIDENT

JÉRÔME CORBEIL, M.D.

ALBINA GAGNON, S.P.

GILBERTE PAQUETTE, S.C.O.

JEAN-MARIE ROCHEFORT, M.D.

LAURA SABOURIN, B.A., B.Sc., Nsg.Ed.

THE STAFF

Mr. Jean Guy Bigras, Coordinator

Miss Lucienne Bourbonnais*, Executive Secretary
Mrs. Claudia Nasr, Secretary
Mrs. Madeleine Gauthier, Secretary

* Miss Bourbonnais was deceased February 8, 1976.

Acknowledgements

The study we have completed in the complex field of health services would not have been possible without the cooperation of a large number of people. The multiplicity of factors and problems here required specific information from persons involved.

We wish to thank all those who cooperated and we are publishing as an annex to the French version, on pages A-15 to A-27, a list of the persons who communicated with us orally or in writing, during public hearings, in plenary sessions or privately during the research stage. Altogether, we dealt with 321 persons in Ontario and 39 in Québec. We apologize in advance to those whose names we may have inadvertently omitted.

We also wish to thank the hundreds of other people in the areas studied who filled out research questionnaires: their involvement merely represent figures in our report, but, thanks to their cooperation, we have been able to draw a clear picture of the situation in the different communities. We also received 121 hospital questionnaires and 13 health unit survey questionnaires which gave us a very good overview of those areas of health services.

We called 13 public hearings and also held five meetings during which we met people from various walks of life. We received briefs and communications from 65 communities in Ontario and five cities in Québec. Moreover, we travelled to Sherbrooke, Québec, where we took a comparative look at health services offered Anglophones who represent the minority group in that district.

We mention the names of only three civil servants of the Ministry of Health[1]: these persons met us at a plenary session of the Task Force. However, we want to thank very sincerely the hundreds of Ministry personnel - especially at Queen's Park - who agreed to coope-

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(1) - See list starting on Page A-15 of the French version.

rate in our research within the Ministry. We greatly appreciate their cooperation.

We also extend our thanks to the Lieutenant Governor, the Premier of Ontario and the Members of the Cabinet who nominated us and appropriated the funds for our independent study. We want to point out that the Minister of Health, Mr. F.S. Miller, was very sympathetic and, to him, we express our sincere thanks for the time and the attention he devoted to us.

The Task Force

INTRODUCTION

The Ontario Government acknowledges the fact that language difficulties influence the quality of health services presently available to the citizens of the Province of Ontario. That is why our Task Force was established.

The Task Force did not undertake a scientific study of any magnitude to establish that fact, other than the examples given in the following chapter. But, public hearings held throughout the province soon led us to the conclusion that adequate health services depend largely on the success of communication between the consumer and the person offering health services.

It must always be remembered that it is more important to attend the patient than to treat the disease. This is particularly so in health services which are of such a personal nature. It is very difficult - and often impossible - to convey in another tongue one's feelings, personal needs, grief, joys, suffering or physical ills. It is difficult - and often impossible - to counsel, to explain needs, to recommend measures to improve the health of a person who does not understand one's language.

As an alternative, people often suggest translation or interpretation services. Because of the very personal nature of such a communication, this palliative does not assure an adequate service and much more will be needed to give French-speaking residents of Ontario the quality of services required to make them citizens of equal opportunity.

We have studied the situation in Ontario in order to determine the areas where Franco-Ontarians do not receive the quality of health services for which the province is renowned throughout the world. Our study reveals a number of such cases in numerous areas and that is what we endeavor to point out in our report. This situation is caused by

various factors that we endeavor to identify. It is not enough to point out the problem; we must suggest measures which, under present circumstances, are apt to improve health services to Franco-Ontarians.

Allied services, mostly under the jurisdiction of the Ministry of Health, also influence the health of citizens. We have also found that some of the solutions might come from individuals, from agencies, or from ministries, other than the Ministry of Health.

We have paid particular attention to districts where there is a significantly-large French-speaking population. This does not mean that Franco-Ontarians in other areas such as Toronto, Hamilton, Kitchener, Cambridge, Chatham or Sarnia do not have to face situations which are equally serious. There are many areas where the French-speaking population has to express its needs and where authorities will have to show much sympathy and understanding.

We travelled to Sherbrooke, Québec, in order to facilitate a brief comparative study of the problems faced by the Anglophone minority of that district[1]. We met the Francophone majority which sees no problem and the Anglophone minority which reveals a number of problems. To that extent, it is not very different from Ontario. But, there is a difference which lies in the fact that the Anglophone minority in Québec has its own well-established structures. The institutions have a sufficient number of English-speaking health personnel and professionals. And, the Province of Québec has, from the very beginning, recognized the rights of the minority and adopted laws which assure Anglophones equality in health services.

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(1) - Sherbrooke: District population 101,470 - English 11,340 or 11%
- Of the five hospitals, one is English - it is administrated by English-speaking persons and financed by the province and by the community
- An English-language University College
- English-language doctors' training: McGill University, Montréal
- English-language nurses' training: Victoria Hospital, Montréal
- Problems for Anglophones: services in English are not always provided in regional services and in certain specialities such as pediatrics, cardiology
- A few complaints that English is not always understood in certain hospitals or clinics.

This is what should come about in Ontario. We believe the remedy to the ills of French-language health services will be found when we will have:

1) - trained sufficient medical and para-medical personnel to offer services in French;

2) - established clearly-defined structures within which we will be assured that Franco-Ontarians receive, at all times, services in their language.

We fully realize that laws and structures are mere measures and that the true solution resides in the understanding and the spirit of justice which must be manifested continually by the majority group.

FRENCH POPULATION IN ONTARIO

	FRENCH	% FRENCH	TOTAL POPULATION
FRENCH ETHNIC ORIGIN (1)	737,360	9.6	7,703,105
FRENCH MOTHER TONGUE (2)	482,045	6.3	

Statistics Canada - 1971 Census

(1) - Catalog 92-774
(2) - Catalog 92-773

Notes:

* - The group of French Ethnic Origin in Ontario in 1971 was 736,360 persons, or 9.6 percent of the population.

** - But, for the purpose of our report, we are using the number of persons whose mother tongue is French, 482,045 or 6.3 percent of the population.

Chart I

DISTRIBUTION

OF THE

FRANCOPHONE POPULATION OF ONTARIO

E A S T Dundas, Frontenac, Glengarry, Grenville, Lanark, Leeds, Lennox-Addington, Ottawa-Carleton, Prescott, Renfrew, Russell, Stormont	173,075
SOUTH-CENTRAL Bruce, Dufferin, Durham, Grey, Haldimand, Haliburton, Halton, Hastings, Muskoka, Niagara, Norfolk, Northumberland, Ontario, Peel, Peterborough, Prince Edward, Simcoe, Toronto, Victoria, Wellington, Wentworth, York	90,725
NORTH AND MID-NORTH Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Parry Sound, Rainy River, Sudbury, Thunder Bay, Timiskaming	172,730
SOUTH-WEST Brant, Elgin, Essex, Huron, Kent, Lambton, Middlesex, Oxford, Perth, Waterloo	45,655

Chart 2

CENSUS AND PERCENTAGE OF
FRANCOPHONES RESIDING IN AREAS
DESIGNATED FOR BILINGUAL SERVICES
IN ONTARIO

	POPULATION	FRANCOPHONE	FRANCOPHONE %
COCHRANE DISTRICT			
. Timmins Area	65,770	28,345	43.1
. Hearst-Kapuskasing Area	30,070	18,855	62.7
DISTRICT OF TIMISKAMING	46,485	12,975	27.9
DISTRICT OF NIPISSING	78,885	25,585	32.8
SUDBURY AREA	185,040	60,425	32.6
ELLIOT LAKE-BLIND RIVER AREA	21,735	5,740	26.4
CHAPLEAU-WAWA AREA	8,210	2,470	30.1
SAULT STE-MARIE AREA (Algoma)	88,115	6,955	7.9
TOWN OF PEMBROKE (Renfrew)	16,545	1,680	10.2
OTTAWA-CARLETON AREA	471,930	97,975	20.8
COUNTY OF RUSSELL	16,285	13,645	83.8
COUNTY OF PRESCOTT	27,830	22,595	81.2
COUNTY OF STORMONT	61,300	20,605	33.6
COUNTY OF GLENGARRY	18,480	8,165	44.2
COUNTY OF ESSEX	306,400	26,155	8.5
CITY OF WELLAND (Niagara)	44,395	7,590	17.1
TOWNSHIP OF TINY (Simcoe)	24,720	5,290	21.4

Chart 3

Ontario

This map of Ontario is a "new type of projection" conceived by Dr. Henry W. Castner, Director of the Cartographic Laboratory of Queen's University. It scales down proportionally the much larger Northern Districts and permits the identification of the smaller, more populated Counties of Southern Ontario. The figures show the Francophone percentage of the population in each district or county.

- Reproduced from the Municipal Directory 1975 -

Map 1

Communication Is Important

The Government of Ontario recognizes the importance of the language of communication in health services. The formation of our Task Force, requested by the Minister of Health, establishes this fact.

We do not believe it is the purpose of our task to establish the scientific relation which exists between the language spoken and primary care. We preferred visiting the areas and meeting the people in order to identify the needs, to analyse them and to recommend measures that can be adopted to bring about improvements.

Nevertheless, certain experiments and scientific papers which have come to our attention are worthy of brief mention here.

For example, in the United States, a unilingual country known as a "melting pot" of languages and cultures, authorities are beginning to realize the importance of language and culture when communicating with people in matters of health.

An experiment at Strong Memorial Hospital of the University of Rochester, N.Y., is most revealing. Martin Nacman, D.S.W., and Elba de Garcia, R.N., described it in the journal "Hospitals" in August 1975.

Hospital authorities were becoming aware of problems involving services to Puerto Ricans who are Spanish-speaking.

One of the organizers of the program describes the situation: "Hospitals have a responsibility to provide adequate services to all patients, but sometimes problems of language, culture and attitude of the staff and the patients stymie even the best efforts of the hospital administration".

An internal study determined that bilingual services should be offered in medicine, surgery, psychiatric treatment, outpatient services

and emergency. It was also established that treatment was impaired whenever another member of the staff or a relative was asked to act as interpreter for a patient.

It was decided to form an advisory committee on bilingualism and people from the community were recruited to help identify the needs. A bilingual coordinator was named and his initial function called for him to assure translation for patients, to serve as a liaison between the patients and the hospital and also to identify strategic positions which would have to be filled by bilingual personnel. All hospital forms were made available in Spanish. Two telephone lines were also provided to assure a 24-hour interpretation service.

Twelve hospital employees, already conversant in Spanish, were temporarily relieved of their regular duties in order to take a nine-week language training course to facilitate their tasks as translators in the hospital. The course was such a success that it was continued and also made available to the employees of three other community hospitals in Rochester.

In professional services, a similar phenomenon is demonstrated in regards to communications with Mexican-Americans. Dr. Edmundo J. Ruiz, M.D., discusses "The influence of bilingualism in group communication" in the October 1975 issue of the International Journal of Group Psychiatry. "Often, unconscious material comes out more easily in the original language", he points out. "In the bilinguals, it seems as though the reactions in English and the reactions in Spanish were from two different persons".

Again, in 1947, Dr. R.B. Egerton, M.D., and Dr. M. Karno, M.D., reported the results of a similar study undertaken with 444 patients who could express themselves in English but with whom communication was much easier and much more personal in the Spanish language.

Dr. G.C. Barker, M.D., had obtained in 1947, similar results from experiments with Mexican-Americans who had studied in English-language schools. Dr. H.J. Lurie describes bilingual communication

with Mexican-Americans in the October 1972 issue of the American Journal of Orthopsychiatry.

Dr. Ruiz is convinced that "feeling and thought processes are nurtured in the first communication system and the latter is the basis in the development of the personality"... a person thinks, figures and even dreams in his mother tongue.

In Selkirk, Manitoba, a few years ago, a study of community psychiatry of the Hospital for Mental Diseases showed that a wide array of problems in the field of community psychiatry could be identified in communication and behavorial inadequacies of the mental health team. A marked improvement was felt as soon as the staff took into account the language and the cultural aspirations of the population served. The chief psychiatrist Dr. W. Kreyes, M.D., B.Sc., describes the project in the December 1971 issue of the "Community Health Journal".

Psychiatrist J. Reusch in his "An American Handbook of Psychiatry" (1959) feels "that behavior is associated with an interference in communication (which) may also allow the assumption that any impairment of the communicative circuit interferes with learning, thus causing disturbed behavior".

Problems of communication are noticed in small communities: Dr. R.H. Melville talked about these in the December 1966 issue of the "College of General Practice Journal". Dr. R.B. Sloane had discussed the same topic in the Canadian Medical Association Journal in 1964 (19-1301).

In the December 1975 issue of "Geriatrics", Dr. J.D. Cornican, M.D., states: "No human being is free to describe nature with strict objectivity, for he is a prisoner of his language". He quotes anthropologist Le Barre: "The structure of reality is, much of the time, imputed to reality by the structure of the language".

In the American Journal of Psychiatry (v.127), Dr. J.C. Castillo, M.D., describes several cases in which patients showed psychotic symptoms

in interviews conducted in their language but not in interviews conducted in the secondary language because the patient who has to communicate in another language produces unconscious vigilance over his emotions.

An interesting observation was made by Heather A. Hudson, M.A., and Edwin Parker, Ph.D., in the New England Journal of Medicine in December 1973, when describing the community health program in Alaska. In a community health education project, one of the organizers warned: "We did not want films produced in California". He was underscoring the importance of local culture when communicating with the people.

In the medical field, emphasis is given to the importance of good communication between the professional and the patient. It is said over and over that communication is difficult, even when the two persons speak the same language: there is a danger that the patient will not understand the terminology used by the professional.

Language being the most frequent means of communication, we can well realize its importance in the relation between the person or the institution giving the care and the person receiving it.

PART ONE

THE SITUATION IN ONTARIO

THE GOVERNMENT

A study of French-language health services would not be complete if we failed to view it within the context of the reality of Ontario and within the bilingual policy of the government.

We will leave to others the long historical accounts and sociological studies. We do not intend to discuss motivation, attitudes and social influences interspersed in the history of Franco-Ontarians. Our research has merely touched this vast domain, since our only concern is health services.

Ontario, an English-speaking province, advances very slowly and very discreetly towards the recognition of the rights of Francophones. Franco-Ontarians have always had to fight for their rights to live and communicate in French.

Before the '60s, the government had never formulated any policy for the use of French in the public service. Fortunately, times have changed and it was Premier John Robarts who said: "... and we want Franco-Ontarians to feel that they can be themselves here, and this is their province as well as anyone else's[1]."

In May 1971, Premier William Davis told the French-speaking population that the government wanted to assure them services in French in areas where there is a sufficient number of Francophones[2].

The Policy of Staffing in the Public Service's Manual of Administration[3] spells out this directive: "The Ontario Government is committed to providing, where feasible, bilingual services to the

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(1) - Legislature of Ontario Debates - May 18, 1967 - P. 3574.

(2) - Legislature of Ontario Debates - May 3, 1971.

(3) - March 18, 1976.

public, particularly in areas of the province where there are concentrations of French-speaking residents".

The government does not proceed very swiftly in the implementation of bilingualism programs and this leads us to believe that it fears the so-called "English backlash". The government accepts a number of measures recognizing French as a language of use, but it delays the implementation or implements it in a very discreet manner, usually withholding publicity on the matter. The bilingual coordinator mentions a pilot project, such as French in the courtroom, recently implemented in Sudbury, bilingual forms and registration cards, but the government fails to give these matters the public exposure they deserve.

The government should double its efforts to adequately inform the Franco-Ontarian minority of bilingual programs undertaken.

During our whole study, we noticed that politicians, and most public servants, readily accept offering services in French to those who need them but refuse to recognize that this is a fundamental right. Many of them insist that it should be merely a service offered upon request.

It is the government's responsibility to see that provincial policies are implemented by the public service. In this case, we would say, there is a lack of guidelines to facilitate the implementation of these policies. Top civil servants, who must implement policies, seem to share the belief that services in French are granted as a privilege to those who need them. According to them, a Francophone who can get by satisfactorily in English should be satisfied with services in that language.

For a number of government employees, the need for French services arises only on rare occasions in some areas of the province. And, the responsibility of identifying these needs is left to chance since there is no concern for the employment of qualified persons who will be linguistically able to accomplish the task.

The Civil Service Commission has just recently (since January 1st, 1976) initiated a program of advertising available jobs in the only

French-language daily of the province. But, there are very few positions where French is required in ministries other than in the Ministry of Education. It is frustrating to realize that bilingualism is not a requirement of employment in areas where the French language is predominant and that there is absolutely no French-language structure within the Ministry of Health.

Since we are dealing with public services, why does the minority always have to ask for - and often demand - services which are so readily granted to the majority ?

This question, in turn, we ask the authorities.

Bilingualism Policy

At the Federal-Provincial Constitutional Conference in June 1971, the Province of Ontario agreed that: "An individual has the right to the use of the official language of his choice in communications between him and the head or central office of every department and agency of the government...".

Mr. W.A. Anderson, the Coordinator on Bilingualism, is the public servant responsible for the implementation of the government's bilingualism policy. He is assisted by a French-speaking Executive Secretary.

Mr. Anderson is chairman of the Committee of Advisers on Bilingualism, made up of a representative of each ministry, responsible to his Deputy Minister. In cooperation with the Coordinator, the committee must look after the implementation of bilingualism policies within the ministries.

Premier Davis announced the program in the Ontario Legislature on May 3rd, 1971.

Despite the bilingualism policy adopted by government, each ministry is autonomous as to the terms of implementation, such terms being often subjected to budget restrictions in each ministry.

Up to now, the joint committee has recognized the need for bilingual services at government head offices as well as in the National Capital Region, in the Districts of Algoma, Carleton, Cochrane, Essex, Glengarry, Nipissing, Prescott, Renfrew, Russell, Stormont, Sudbury and Timiskaming, as well as the City of Welland and the Township of Tiny in Simcoe County.

Ministries must make a survey of personnel able to give services

in French. In 1972, the committee felt that the government had a sufficient number of bilingual employees to fill the needs of Francophones in the eastern and the northeastern parts of the province. Our study shows that this has never been so within the Ministry of Health.

The same committee recommended that ministries encourage their employees to take language courses. Initially, costs were covered by the Consolidated Revenue Fund of the Province of Ontario. But, according to the government's new policy, ministries must now cover these costs from their own budgets.

The government recovers federal subsidies to a maximum of $100,000 a year... Now that each ministry must evaluate the need in matters of bilingualism and defray costs, it is easy to realize that these same needs are seldom considered among the priorities.

In order to fulfill the government's commitment to offer bilingual services to the public, particularly in areas where there are concentrations of French-speaking citizens, a clause covering the employment of bilingual personnel was added, in March 1976, to the Administrative Manual of Public Service. (VI - E 26.46 - March 18, 1976)

This clause stipulates that each ministry must determine positions in which bilingual skills are necessary and to place the advertisements for such positions in French-language publications.

We believe the bilingualism policy is rather vague; it gives the ministries the freedom to apply it thoroughly or to pay very little attention to it.

Moreover, the Bilingual Coordinator does not have the required authority to implement the bilingualism program within each ministry.

The new method of financing certainly does not favor language courses if we consider financial restraints imposed on the ministries by the government.

Our recommendations concerning the Ministry of Health appear on the following pages.

MINISTRY OF HEALTH

Carrying Out The Bilingualism Policy

We have already mentioned that the bilingualism policy of the Government of Ontario is vague, without authority of application and leaves too much scope to the ministries as to degrees and methods of implementation.

This is obvious when we observe the interpretation and the implementation of this policy in the Ministry of Health.

In general, it seems that the Ministry is satisfied with giving itself a bilingual facade by disseminating English and French literature. But, it has failed to devise any kind of mechanism which would give French Canadians services in their own language. The Ministry of Health has never paid any attention to the fact that services in French were totally inadequate in the areas where the province itself has established that bilingual services should be rendered.

And, on an even more serious note, nobody seems to have ever wondered whether or not, in provincially-operated psychiatric hospitals, Francophone patients were receiving the same quality of services as their Anglophone counterparts. We must admit that the answer, here again, is negative.

First, the Ministry's representative on the Joint Committee of Advisers on Bilingualism is neither of French culture nor language. This task is a sideline to his high position in personnel administration.

Also, there has never been any question of designating bilingual positions, not even of establishing the number of employees required in given regions in order to assure bilingual services. The task of fulfilling the requirements of bilingualism is relegated to local authorities and no further attention is paid to the question.

It is evident that the planning of services in French is left to chance. A highly-placed public servant admitted that it has always been taken for granted that, in each designated area, there is a sufficient number of bilingual employees. Nobody has even cared to check if the number of bilingual employees was proportional to the population.

On the other hand, the Ministry of Health generates a large amount of information in French. Although its Information Services do not have one single French-language employee, we must admit that they constantly endeavor to reach the Francophone population by providing French-language versions of most of their material.

Elsewhere in the Ministry, we notice a total lack of services in French. A program must be developed to improve this situation. Everything remains to be planned and implemented.

The Present Situation

Indifference towards the Francophone population is evident within the personnel organization of the Ministry of Health. Surveys of bilingual employees[1] serve as mere figures placed next to public service classifications, without any reference to the services these employees are offering the public.

About five percent of the employees are bilingual, but no effort has ever been made to determine whether the knowledge of French of these employees was ever useful to the French-speaking population. It is very evident that bilingualism is nowhere in strategic positions.

There is not one single French-speaking person in any of the offices of the Minister[2], the Deputy Minister, nor any of the three Assistant Deputy Ministers[3].

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(1) - See Chart 4, pages 27,28.

(2) - We must note that the Minister, Mr. Miller, is fluent in French.

(3) - The office of one of the Assistant Deputy Ministers lists two bilingual employees: the Coordinator and the Secretary of this Task Force who are not part of the administrative process.

In regional planning, can we imagine that the interests of the French-language population are looked after when we are unable to find a single bilingual person in the office of any of the five Area Planning Coordinators... even those in charge of planning for Eastern Ontario or Northern Ontario ?

The Ontario Council of Health has one French-speaking person among its members. The Affirmative Action Programme does not seem to apply to Francophones because it does not have one French-speaking person on its staff.

We ask that local health boards improve their services in French, but this could be very difficult, realizing there is not one French-speaking person in the offices of the Health Board Secretariat in Toronto.

Further on, we describe the unfavorable situation in provincially-operated mental health centres. This can be explained when we realize there is no French-speaking person on the staff of the Psychiatric Hospital Branch at Queen's Park.

And, what about the Children's Mental Health Services Branch ? Who will evaluate the needs of French-speaking children institutionalized in Ontario or the care others receive in Québec when there are no French-speaking persons on the staff ?[1]

We could easily believe that the Underserviced Area Programme for the recruiting of doctors is exclusively for Anglophones, since the doctors on the Selection Committee are English-speaking.

We have received numerous complaints regarding services in French available in OHIP offices in most bilingual areas. Ottawa seems the most obvious case: all requests for French services cause an inevitable delay. In March, only 10 of the 128 employees were bilingual[2]. Yet 20.8 percent of the population of Ottawa is French-speaking. The office also serves the population of Prescott-Russell which is more than 80 percent French-speaking.

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(1) - See page 43.

(2) - See Chart 4, page 27.

The Northern Ontario Public Health Services office in North Bay serves an area which is 35 percent French. Only one secretary is bilingual; all public health specialists in contact with the public are unilingual in English.

Everything indicates that French-language services are left to chance: the linguistic factor is never considered in any planning whatsovever in matters pertaining to services.

Our task force study reveals without any doubt that the French-speaking population of Ontario suffers from such a situation.

The Ministry must revise completely its employment policy, at all levels of administration and services, in order to grant the Francophone population its rights as "citizens of equal opportunity".

It follows that within a French-Language Programme, as proposed in this report, the Ministry undertake a detailed study of its personnel in order to build the necessary structures which will assure that adequate services are dispensed to the Francophones.

The shortcomings presently existing within the functional structure of the Ministry, at the present time, impede services to the Francophone population.

We recommend:

R.1 . That the Minister of Health implement, as soon as possible, a French-Language Programme[1] which will assure French services at all functional levels of his Ministry.

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(1) - *French-Language Programme, pages 63 to 68.*

SURVEY OF BILINGUAL PERSONNEL IN THE MINISTRY OF HEALTH

LOCATION	TOTAL	ADMIN. SERVICES	SCIEN. & TECHNICAL	SOCIAL SERVICES	GENERAL SERVICES	OPERA. SERVICES	TOTAL BILIN
Psychiatric Hospitals							
Brockville	741	1	20	3	1	7	32
Hamilton	806	1	9	3	2	3	18
Kingston	820	1	10	1	2	5	19
London	809	1	4	3	2	3	13
North Bay	493	3	16	39	16	40	114
Owen Sound	276	1	2	1	-	-	4
Penetang	552	1	8	106	22	42	179
Thistletown	359	2	3	8	5	-	18
Queen Street	816	1	10	1	4	1	17
Lakehead	475	-	3	7	2	-	12
Lakeshore	687	2	5	-	2	8	17
St. Thomas	784	1	12	3	1	6	23
Whitby	785	2	3	1	2	1	9
OHIP Regional Offices							
Hamilton	275	-	-	-	6	-	6
London	152	-	-	-	7	-	7
Mississauga	236	3	-	-	-	-	3
Ottawa	128	7	-	-	3	-	10
Sudbury	90	4	-	-	35	-	39
Toronto	413	1	-	-	11	-	12
Windsor	61	1	-	-	1	-	2
Oshawa	188	-	-	-	6	-	6
Laboratory Services Branch							
Hamilton	23	-	1	-	-	-	1
Kingston	28	-	-	-	-	-	-
London	37	-	2	-	-	-	2
Orillia	19	-	-	-	-	-	-
Ottawa	34	-	3	-	-	-	3
Peterborough	27	-	2	-	-	-	2
Sudbury	4	-	2	-	-	-	2
Timmins	17	-	2	-	1	1	4
Windsor	20	-	1	1	-	-	2
Palmerston	14	-	-	-	-	-	-
Sault Ste. Marie	12	-	-	-	-	-	-
Thunder Bay	20	-	-	-	-	-	-

SURVEY OF BILINGUAL PERSONNEL IN THE MINISTRY OF HEALTH

LOCATION	TOTAL	ADMIN. SERVICES	SCIEN. & TECHNICAL	SOCIAL SERVICES	GENERAL SERVICES	OPERA. SERVICES	TOTAL BILIN.
Other Locations							
Hamilton	554	-	2	-	-	-	2
Kingston	"	-	1	-	-	-	1
London	"	-	1	-	-	-	1
North Bay	"	-	3	-	-	-	3
Ottawa	"	-	5	-	-	-	5
Sudbury	"	-	-	-	-	-	-
Timmins	"	-	-	-	-	-	-
Government Offices							
Toronto	2614	41	33	-	73	46	193
TOTAL:	13,369	74	163	177	204	163	781
							5.1%

- Ministry of Health, March 1976 -

Chart 4, p.2

Bilingual Positions

Despite the need in health services, no key position in the Ministry is held by a Francophone.

Moreover, bilingual positions should be designated in a number of services at the regional and local levels.

To be explicit in our recommendations, we wish to establish that a person is competent in French when he or she is able to receive and transmit all oral or written communications in that language.

We recommend:

R.2 . That, when a position requires the knowledge of both languages, it be designated as a bilingual position, and that this additional requirement become a factor in the classification for salary purposes.

. That experts in linguistics draw up a written test and an interview to facilitate the selection of candidates for bilingual persons within the Ministry of Health.

Psychiatric Hospitals

In provincial psychiatric hospitals, French-speaking patients must cope with a very serious situation. Putting it briefly, we must say that the patient must adapt himself to the atmosphere of the hospital instead of the hospital adapting itself to his needs. In fact, if he is unable to communicate in English when admitted, he will have to learn the language if his stay is extended. If humor were permitted, we would say that the province provides him a total immersion course in English.

The mentally deficient is a person whose intellectual, social, emotional and often physical development is retarded in various degrees when compared to normal individuals. His rhythm and learning capacity are different and he requires special training.

When the linguistic aspect compounds other communication problems, one can easily imagine the difficulties which arise in the evaluation of his development. The same difficulties arise throughout his treatment and training.

Even if, in certain places, a number of employees can converse with French-speaking patients, the atmosphere is so (culturally and linguistically) English that a patient must virtually forget his language, his culture, in order to adapt himself to the surroundings. Some of the patients are able to do so, but will never be able to relate again to their families. Others will never be able to and will be unadapted, even within the institution. In any event, the treatment is adversely affected since the evaluation and communication do not take into account the linguistic and cultural background.

We could suggest a number of immediate measures in order to improve the quality of life for Francophones who are already hospitalized. But, we are convinced that the only solution is to give them French-language institutions where structure, atmosphere and language of communication would be French.

We did not have the time nor the resources to look into specific forms of such a programme. A more specialized and more detailed study of the situation is required.

This is, without doubt, the most important request we are formulating because the problem is more serious in the realm of mental health than it is in other areas. We point this out without minimizing the seriousness of other problems.

In the present chapter, we review conditions in three mental health centres operated by the Ministry. These psychiatric hospitals have adult patients, a number of whom are French-speaking and have the right to services in French.

Further in the report, we briefly go over the hodgepodge of services to exceptional children. The situation, in that case, is even more complicated because it involves at least three ministries sharing responsibilities: we wonder how they will be able to come to an agreement to meet the needs of Francophones.

Psychiatric treatment is not limited to provincial hospitals. A number of general hospitals have psychiatric departments and community mental health teams. Except for one or two, all are English-speaking. And, even if the hospital is sometimes aware of problems of Francophones, these problems are complicated by a shortage of French-speaking personnel, specialized, professional or para-medical.

The study which we propose must, after identifying the particular needs, recommend a realistic planning programme and the measures to carry it out.

Let us review conditions in psychiatric hospitals in Brockville, North Bay and Penetanguishene.

I - In BROCKVILLE, about 35 percent of the patients are French-speaking. Reports received from the area served indicate that the patients' language is never taken into consideration, causing extremely serious shortcomings.

Among complaints from Brockville, we list the following:

. difficulty or complete lack of evaluation of certain patients because of communication problems;

. all contacts with the patients and their families are exclusively in English. French-speaking employees who must write to the family of a French-speaking patient must do so in English because:

  a) - records are in English,
  b) - secretarial staff is English only.

. social workers are unilingual in English;

. some employees have described a prejudicial attitude towards the French language to a point where Francophones become discouraged and leave their jobs;

. some patients must act as interpreters between the personnel and other patients;

. the choice of homes for "special care" is poorly-oriented. Anglophone patients are frequently placed in French-language homes and Francophones are sent into all-English families;

. the practice of having a special French-speaking team to look after French-speaking patients was discontinued;

. there are no French-speaking psychiatrists, psychologists or physicians and an on-the-spot probe has discovered only about 10 French-speaking persons attending the patients, of whom 180 were unilingual in French or at least had difficulty speaking another language;

. the administration does not seem concerned over the problem stating that 94 percent of the population served speaks English. However, no statistics are kept on the language of patients. We are assured that all are treated on the same basis.... in English!

. There are 993 beds to serve a population of 665,500 people in Glengarry, Carleton, Prescott-Russell, Stormont, Dundas,

Leeds and Grenville. Intensive care is given. Attached to the hospital are community health consultation clinics at Cornwall, the Ottawa General Hospital, the Ottawa Civic Hospital and Almgrove, in Brockville.
The hospital is divided into five operational units of which two give psychiatric treatment and three others, treatment by multidisciplinary teams of doctors, psychologists and social workers. None of these teams is French.

. university students who went to the hospital to conduct a survey more than a year ago found 10 French-speaking persons among the 847 employees. The Ministry, in March 1976, gave us a count of 32 out of 806[1], three of whom were in the social services and seven in operations.
In any event, no one seems sure, no one gives it any importance and no one at the Ministry can define the meaning of the word "bilingual": there is no set standard nor any proficiency test in French;

. there is no established procedure to bring complaints to the attention of the authorities: in January 1973, the administration was unaware of any language problem[2].

II - In NORTH BAY, problems are not as numerous, although the institution is under the same Ministry administration as Brockville. There are more French-speaking social workers and nurses. There also seems to be a better awareness of language in the treatment of patients. The presence of a French-speaking psychiatrist helps considerably, we are sure.

III - At the PENETANGUISHENE MENTAL HEALTH CENTRE, Francophones may obtain nursing services in French, but psychiatric treatment

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(1) - See Chart 4, pages 27, 28.

(2) - Letter from the Minister of Health, Dr. Richard Potter, to the Association Canadienne-Française de l'Ontario, January 16, 1973: "The Acting Administrator is unaware of any particular difficulties in meeting the language requirements of the patients".

is certainly not administered in that language. The shortage of bilingual professional staff is obviously an important factor in this situation and a more detailed study will point out that this shortcoming has an influence on the quality of services to Francophone patients.

We recommend:

R.3 . That a complete and detailed study be undertaken, as soon as possible, in psychiatric hospitals in Brockville, North Bay and Penetanguishene. Such study should establish, among others, the following points:

- . the number of French-speaking patients in each of these hospitals,
- . the services which should be offered in French,
- . the treatment which should be administered in French,
- . the measures required to assure services and care in French,
- . the number of employees and the positions which should be filled by French-speaking persons in order to guarantee these services.

R.4 . We strongly recommend that this study be undertaken by an independent team of specialists, under contract with the Ministry, and under the supervision of the Director of the French-Language Programme.

Regionalization of Health Services

A very intensive planning programme is presently under way in health services. Emphasis is placed on regionalization and, for that purpose, a number of regional health councils are being created by the Ministry in order to better identify the needs and to ensure services which will meet the general demands. Nine regional councils are already established in Ottawa, Thunder Bay, Cochrane, Niagara, Hamilton, Rainy River, Kenora, London, Essex and Peterborough. Three others are being formed in Sudbury-Manitoulin, Algoma and Halton. Others will be created in the near future in Timiskaming, Nipissing and Parry Sound.

The basic principle we wish to emphasize in regional planning is that:

. Regional councils should recognize as a fundamental principle that they are not to threaten the French characteristics of certain health institutions by regionalizing the services.

Examples:

a) - emergency and maternity units in Sudbury hospitals,
b) - the cardiology unit in Ottawa Civic Hospital,
c) - pediatrics at the Children's Hospital for Eastern Ontario.

. Unless the Ministry establishes clear guidelines in the regionalization process, cultural and linguistic rights of Francophones will not be protected in areas of high Anglophone majority.

. To ensure an awareness of the needs of Franco-Ontarians in the regional planning of health services, French-speaking representatives should be appointed to regional health councils.

Present standards and guidelines contain no guarantee for the French language. In the terms of reference, programmes and membership directives, the province fails to mention language as a criterion to assure equal quality of services to Francophones.

Regional councils must take the language factor into account in the planning of their statutes, the definition of their objectives and in the planning of their administrative process if they intend to fulfill the needs of French-speaking residents of Ontario.

The Ministry must issue guidelines to that effect.

R.5 We recommend that, if necessary, Statutes and Regulations be amended to include:

- That a Francophone representation be guaranteed, from the very beginning, on the steering committee which must establish the needs, function and activities of the Regional Health Council;

- That, in its advisory role to regional councils, the Ministry's Area Health Services Committee take language requirements into account;

- That, in areas where French-language services should be given, the regional council should give preference to a bilingual person when hiring an Executive Director;

- That, in the planning process, recommendations of the regional council take into consideration factors involving French-language services and the need for bilingual employees;

- That the Ministry of Health take the initiative to obtain Legislative amendments to the Statutes Governing Regional Health Councils recognizing the fact that the language of communication affects the quality of health services and guaranteeing that services in French are offered to the public at Queen's Park, in the Districts of Algoma, Cochrane, Essex, Glengarry, Nipissing, Ottawa-Carleton, Prescott, Renfrew, Russell, Stormont, Sudbury, Timiskaming, the City of Welland and the Township of Tiny, in Simcoe County.

Exceptional Children

The problems afflicting the handicapped child are numerous and complex. Three ministries share the responsibility of looking after the needs of these children: the Ministry of Health is responsible for physical and mental health care, the Ministry of Community and Social Services, their material well-being, and the Ministry of Education, their training.

Taking into account these children's handicaps, institutions and specialists in different fields endeavor to answer their needs by favoring their physical and intellectual development.

Looking at the linguistic and cultural aspects, it is easy to understand that a system which is so complex and so specialized answers mostly the needs of the Anglophone majority of the province.

Consequently, the French-speaking child, placed in a different linguistic and cultural ambience, often meets insuperable problems. It is unimaginable that a handicapped child should be placed in surroundings where he must face additional problems.

SCHOOL BOARDS

Some school boards have implemented programs and services for the exceptional Franco-Ontarian child. These services are designed mostly for pupils suffering from communication problems or intellectual dysfunctions. Some school boards offer services in the hospital as part of the home teaching programme. Teachers assigned to these programmes travel to the hospital, the home or the institution to train children who are in residential care. But, services for the physically handicapped, the seriously disturbed, the deaf, the blind and the children affected by serious communication dysfunctions are few and even non-existent in certain cases.

Community services which are closely related to the

field of education (psychology, psychiatry, neurology, speech and occupational therapy, social work) are often inadequate. The non-availability and the non-accessibility of proper services for French-language children are an obstacle barring the way to proper interventions.

The law prescribes the payment of education fees by the Ministry of Education wherever children residing in a certified psychiatric installation attend a local school. It gives the school boards power to assign teachers to these institutions in order to conduct educational programmes for exceptional children.

In cooperation with the hospitals offering services for handicapped children, some public and separate school boards have established classes for educational training at the hospital.

VISUAL AND HEARING HANDICAPPED

The special Education Branch of the Ministry of Education operates three schools for the deaf (The Robarts School in London, The Ernest C. Drury School in Milton) and a School for the Blind in Brantford (The W. Ross MacDonald School). Programmes and services are conducted in English only.

For parents wishing to enroll their child in a French-language school, an agreement has been reached with the Province of Québec allowing these children to attend a French-language school. The Ministry of Education covers boarding, transportation and education fees for these children attending schools for the deaf and for the blind in Montréal.

Even if this agreement seems to fulfill the needs of some individuals, we must recognize the fact that an extended stay in Québec by Franco-Ontarians practically compels them to expatriate themselves because it is extremely difficult to regain their original surrounding.

In 1975, 14 young Franco-Ontarians were attending the school for the deaf in Montréal and one was enrolled at the school for the blind in that city. But, there were 34 young Franco-Ontarians in Belleville, 14 in Milton and four in Brantford. Bilingualism in these institutions is limited to a minimum to ensure communication with the children and their families; there are no French-language training programmes.

A bilingual teacher attached to Belleville looks after the training of pre-school deaf children in Northern Ontario. This service is greatly appreciated by the parents although they are unanimous in their opinion that the area which has to be covered is much too large for one person alone.

CRIPPLED CHILDREN'S TREATMENT CENTRES

The School Act allows the establishment of special school boards. Some of these boards sponsor school programmes in cooperation with the hospitals. The programmes are subsidized by the Ministry of Education.

These special centres are:

Crippled Children's
London

Crippled Children's Centre
St. Catharines

Ottawa Crippled
Children's Centre
Ottawa

Toronto General Hospital
Toronto

North Waterloo
Children's Centre

Ontario Crippled
Children's Centre
Toronto

Cerebral Palsy Centre
Oshawa

Crippled Children's
Treatment Centre
Sarnia

Variety Village
Scarborough

Windsor Red Cross
Windsor

Only the Ottawa Centre for Special Children offers an educational programme for Francophone children. The Toronto Centre (Rumsey) did offer such a programme during the 1974-75 school year.

We wish to point out that the French-speaking population of Northern Ontario does not receive adequate services in that particular field.

REHABILITATION CENTRES

The Ministry of Health, the Ministry of Community and Social Services and the Ministry of Education jointly run 12 rehabilitation centres in the province.

These centres offer programmes for children and adolescents (and some adults) whose handicaps require residential care - severe emotional disorder, deep mental deficiency, multiple handicaps...

The Ministry of Education conducts educational programmes in these centres while the Ministry of Health and the Ministry of Community and Social Services are responsible for other services.

Rehabilitation centres are:

Adult Occupational Centre, Edgar
Barrie

C.P.R.I.
London

Huronia Regional Centre
Orillia

L.S. Penrose Centre
Kingston

Midwestern Regional Centre
Palmerston

Muskoka Centre
Gravenhurst

Northwestern Regional Centre
Thunder Bay

Prince Edward Heights
Picton

Rideau Regional Centre
Smiths Falls

Southwestern Regional Centre
Blenheim

Surrey Place Centre
Toronto

Thistletown Regional Centre
Rexdale

At the Rideau Regional Centre in Smiths Falls, there are two French-language classes. Some courses are given at Blenheim, at Rexdale and at Thistletown (the terms of reference of our Task Force do not include the needs of the Anglophone majority in regards to training in French as a second language).

Even if all English-language institutions gave courses in French, we must realize that the Francophone child who suddenly must be integrated into the English atmosphere of these schools, faces serious difficulties. There is, in every one of these institutions, very few French-speaking staff; everyday language is English. These children require care from doctors, social workers, speech and occupational therapists, etc..., who, in most cases, can communicate in English only.

We took a closer look at the situation in Smiths Falls because the institution serves two regions which have a very high percentage of Francophones, namely the Eastern and the Northern portions of the province. We are advised that the authorities at that institution do not give any consideration to language upon admission "to avoid any discrimination". It is logical to assume that, in all units, very few efforts are made to answer to the linguistic needs of the residents in the hospital services, the progressive units or the wards for psychiatric care.

We have heard testimony from parents who were anguished by the fact that, because of communication problems, their children are not understood by these very same persons who are supposed to be looking after the needs of these children. Hospitalized Francophones are anglicized and face further difficulties when they return to their family. We are told that, upon leaving the institution, some of these youngsters have to be placed in English-speaking families.

It is not difficult to imagine the trauma of a

child, already suffering from emotional problems, who finds himself in a linguistic and cultural atmosphere different from the one he is accustomed to at home.

In December 1973, a committee of the Association des Enseignants Franco-Ontariens submitted a report to the Ministerial Committee for Exceptional Children of the Ministry of Education.

The report contained more than 10 recommendations to the Ministry of Health, one of which asked for the establishment of hospital centres for French-speaking children. The report also recommended the hiring of French-speaking staff in existing centres and the formation of bilingual mental health teams in strategic areas. The authors deplored the absence of qualified French-speaking personnel within health units, particularly in Northern regions.

We must note that, to this date, most recommendations included in the report still require the attention of the Ministry of Health.

In recognition of the urgency and the complexity of the problems in that area,

We recommend:

R.6 . That, before the end of the present year, the Ministry of Health, the Ministry of Community and Social Services and the Ministry of Education appoint a full-time inter-ministerial team, made up of three Francophone specialists in the field of exceptional children;

. That such team be commissioned to investigate all aspects of care given to French-speaking exceptional children in Ontario and to formulate a plan of action which will ensure a better quality of care for exceptional children in Ontario.

HOMES FOR DISTURBED CHILDREN AND ADOLESCENTS

The Ministry of Health financially supports homes for children and adolescents who suffer from psycho-sociological problems. The Robert Smarts Centres operate in Eastern Ontario while Browndale Homes operate in other parts of the province. These homes are under the jurisdiction of the Children's Mental Health Services Branch which has no French-speaking staff.

Amid an English ambience, the Robert Smarts Centre in Ottawa offers some services in French. Earlier this year, a Robert Smarts Centre was approved for Plantagenet. Present budgetary restraints should not delay the realization of this project.

In some areas, Browndale Homes offer French services. In North Bay, for instance, a bilingual instructor is on the staff.

The Ministry recognizes the problems of cultural and linguistic surroundings and subsidizes the institutionalization of Francophones in Québec. Information available to us reveals that 13 adolescents from Southeastern Ontario and a number of youths from Northeastern Ontario are living at La Maison Rouyn-Noranda. Others are residing in Montréal.

We recommend:

R.7 . That the Director of the French-Language Programme in cooperation with the Children's Mental Health Services Branch, undertake a census of Francophone children and adolescents suffering from socio-emotional problems who are presently residing in Ontario and Québec institutions

. That his report specify areas where the Ministry should establish French-speaking homes for mentally disturbed children and adolescents.

Hospitals

We paid particular attention to hospitals in parts of the province where the government has pledged to give bilingual services. Hospitals are an important area where all possible efforts must be made to guarantee a high degree of quality of services to Franco-Ontarians.

Language is an important factor in the care of patients. It is the instrument used by the patient to communicate his problem and to indicate his reaction to the care he receives; it is the instrument used by the staff to comfort, to instruct and counsel the patient; it is the instrument used by the hospital to lead the patient to a prompt recovery. Generally speaking, it is the most important means of communication between hospital and patient.

We do not have to point out that Ontario has a hospital system which is second to none in the world. Availability, accessibility and care are of the highest quality.

Unfortunately, the province pays very little attention to a very important element in the quality of these services: the language of communication.

During the course of our investigation, it has been difficult and often impossible to obtain accurate statistics on the language of patients admitted to hospitals in the province.

The Hospital Medical Records Institute (HMRI) which keeps a province-wide computerized record on patients fails to record their language of communication.

The Ontario Hospital Association, the provincial association whose objective is to improve the quality of services of its members, is too large an organization to be concerned with the language questions. It is not particularly interested in problems arising from the language requirements of a number of its member-hospitals.

It would be helpful if this association formed a committee to deal with the problems affecting hospitals serving a Francophone population.

We cannot say there is a total lack of concern: we are aware of some efforts to give translation and interpretation services in certain areas. In other areas, there are absolutely no plans devised to handle an emergency where language is a vital need for the afflicted person as well as for those who attend him.

And, we cannot be satisfied with emergencies and the bare minimum. The quality of care also depends on the degree of satisfaction felt by the patient and, we add, on the degree of comprehension between the hospital personnel and the patient. The majority seems to believe that, because few Franco-Ontarians do not speak English, it is not necessary to give services in French: Francophones will get by - and a French-speaking member of the staff (often a maintenance or kitchen worker) is asked to interpret for those who need the service.

We have been informed of hundreds of cases where serious problems were created by the lack of services in French. We have also been informed of numerous situations equally painful, but physically less apparent where patients have spent long periods in hospital without ever being able to understand and be understood by the staff. A number of persons required a transfer from an hospital in order to ensure a degree of satisfaction which would favor their recovery.

Looking into the hospital problems, we have come to realize that it is often very difficult, first to recognize the shortcomings and then, to find the ways of overcoming them. Persons who are familiar with neither the language nor the culture and who have always enjoyed a majority situation cannot understand the trauma which can be caused by the lack a communication for a person who must understand and be understood in a language which is not his own.

Many highly-placed persons have told us they have practically never been informed of problems of this nature. We have found three very obvious answers to this:

1) - The general public still considers hospital treatment as a privilege that will be withdrawn if they complain to authorities.

2) - The majority of Franco-Ontarians are used to language problems in public services and accept them as normal happenings. They have always ranked second in a number of services in Ontario and have learned to accept this situation without complaining.

3) - Unless an official system is established to receive patients' complaints, hospital authorities are not informed of complaints of a linguistic nature. Deemed "empirical", these questions are not considered part of direct services and are treated as complaints of minor nature. Until the question is specifically asked, no answer is given.

We have looked at hospital services and asked what would, in given situations, constitute adequate services in the French language. We realize that conditions cannot be identical everywhere and that there should be different classifications.

We have classified the services as they should exist in hospitals, according to the region and, in certain cases, according to the role of the hospital. This constitutes Chart 5, on pages 51 to 54. Following this, we used the questionnaire forms filled out by the hospitals and classified these, according to our standards, indicating the level of bilingualism which exists at the present time within the staff: this is Chart 6, on pages 55 to 59.

When searching for a method for classifying these hospitals, we first considered the procedure presently allowed by government for bilingual municipalities: municipal council chooses a bilingual designation and so notifies the province.

But, in the case of hospitals, we do not feel such a decision should be left to the hospital board. The province should decide on the

classification and advise hospital boards.

It is logical that the government take such a measure. There is a marked difference between a municipality and a hospital board: the voice of the people. A municipal council is elected by the people while most hospital boards are appointed.

There will be objections on the grounds of local autonomy. But we believe government intervention is justifiable because hospitals are financed entirely by public funds and it is the duty of the public body responsible for the allocation of these funds to see that their use ensures the highest quality of services to all who have contributed.

A number of officials in hospital services willingly endorse the measures we recommend, providing the government give the necessary financial assistance. But, justice must be universal, it must apply to all: an explicit law is the only way to ensure this. We do not like to mention ill will, but it is impossible to deny it in certain cases: the lack of services in French is flagrant in certain places where the percentage of French population is significantly high. Figures do not always tell the whole story, but they do reveal a lot.

(In our survey of the regions, we briefly analyse the situation in individual hospitals. We will not repeat it here.)

Recommendations:

R.8 . Taking into account the criteria[1] we have established for the classification of hospitals serving Franco-Ontarians, we recommend that the Ministry of Health officially recognize the following classifications in four categories:

1 - French-Language Hospitals offering bilingual services:

. Hawkesbury - Hawkesbury District General Hospital

. Hearst - Notre-Dame Hospital

(1) - *Chart 5, page 51.*

. Sturgeon Falls - St-Jean-de-Brébeuf Hospital
- West Nipissing General Hospital
. Vanier - Hôpital Montfort

II - Bilingual Hospitals with French predominance:

. Alexandria - Glengarry Memorial Hospital
. Cornwall - Hotel Dieu Hospital
. Kapuskasing - Sensenbrenner General Hospital
. Mattawa - Mattawa General Hospital
. Ottawa - Ottawa General Hospital
- Hôpital St-Vincent
. Smooth Rock Falls - Smooth Rock Falls Hospital
. Sudbury - Laurentian Hospital-Hôpital Laurentien

III - Bilingual Hospitals with English predominance:

. Blind River - St. Joseph's Hospital
. Chapleau - Lady Minto Hospital
. Cochrane - Lady Minto Hospital
. Cornwall - Cornwall General Hospital
- MacDonell Hospital
. Elliot Lake - St. Joseph's Hospital
. Espanola - General Hospital
. Haileybury-New Liskeard - Temiskaming Hospitals
. Hawkesbury - Smith Hospital
. Iroquois Falls - Anson General Hospital
. Kirkland Lake - Kirkland Lake and District Hospital
. Matheson - Bingham Memorial Hospital
. North Bay - Civic Hospital
- St. Joseph's Hospital
. Ottawa - Children's Hospital for Eastern Ontario
. Penetanguishene - Penetang General Hospital
- Huronia District Hospital
. South Porcupine - Porcupine General Hospital
. Timmins - St. Mary's General Hospital
. Welland - Welland County Hospital
. Windsor - Hotel Dieu of St. Joseph Hospital

IV - English or French Hospitals responsible for regional services:

. Ottawa - Ottawa Civic Hospital
. Sudbury - Sudbury General Hospital
- Sudbury-Algoma Sanatorium
- Sudbury Memorial Hospital

V - Ultra-Specialized English Hospitals serving Francophone patients from certain areas of the Province:

. Hamilton - Chedoke Hospital
. Toronto - Princess Margaret Hospital
- Sick Children's Hospital
- Toronto General Hospital
- St. Michael's Hospital
- Sunnybrook Hospital
- Western Hospital
- Downsview Rehabilitation Centre(1)

. That the Ministry of Health provide the guidelines which will guarantee that designated hospitals offer the French-language services recommended for their respective classifications

. That the Ministry of Health establish a special grants system for designated hospitals, based on the levels of French-language services in the hospital classification

R.9 In consideration of the fact that the present trend of the Ministry of Health is to regionalize health services, we recommend that:

a) - the Ministry study the consequences of such regionalization on services in the French language before implementing new structures;

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(1) - *This Centre belongs to the Workmen's Compensation Board.*

b) - in the planning of regional services, that the Ministry be assured that any designated hospitals for the new regional services meet the criteria of Category IV.

R.10 In consideration of the fact that every hospital is subsidized by public funds, we recommend that the designated hospitals start immediately to affect the changes in services to meet all criteria of their respective category.

R.11 That the computerized HMRI system keep a record in its data of the language of communication of hospital patients.

R.12 That the Ontario Hospital Association (OHA) form a committee of directors of bilingual hospitals to study the particular needs of the Francophone population.

R.13 In consideration of the fact that voluntary services within the hospital organization are important, we recommend that the Association Canadienne-Française de l'Ontario study the methods which could be taken to ensure voluntary services in French in all designated hospitals.

CLASSIFICATION OF HOSPITAL GROUPS SERVING FRANCOPHONES

	CATEGORY I	CATEGORY II	CATEGORY III	CATEGORY IV	CATEGORY V
	French	Bilingual with French predominance	Bilingual with English predominance	English with regional services	Ultra-specialized hospitals serving Francophone patients of the whole province
a - Hospital Board (Nominations by public bodies)*	Totally French or at least bilingual	With a French majority	French representation at least proportional to the population	At least one Francophone representative	-
b - Local Administration	French or at least perfectly bilingual	French or at least perfectly bilingual	At least one person who has a practical knowledge of French	Be ensured of communication with Francophones	-
c - Medical Staff	French	Bilingual	Bilingual as much as possible	Bilingual in the regional service	-

* Public bodies should take into account the Francophone element when naming their representatives.

Chart 5, p.1

CLASSIFICATION OF HOSPITAL GROUPS SERVING FRANCOPHONES

	CATEGORY I	CATEGORY II	CATEGORY III	CATEGORY IV	CATEGORY V
d - Department heads	French or at least perfectly bilingual	A practical knowledge of French	Bilingual as much as possible	Bilingual in the regional service	-
e - Personnel (other)	All bilingual	Of French majority	At least one person in each department who is perfectly bilingual	Bilingual in the regional service	-
f - Primary care					
i) - Emergency	Bilingual personnel	Bilingual personnel	Bilingual personnel	one bilingual person at all times	-
ii) - Family medicine unit	Bilingual personnel	Bilingual personnel	Bilingual personnel	one bilingual person at all times	-
iii) - Walk-in clinic	Bilingual personnel	Bilingual personnel	Bilingual personnel	one bilingual person at all times	-

Chart 5, p.2

CLASSIFICATION OF HOSPITAL GROUPS SERVING FRANCOPHONES

	CATEGORY I	CATEGORY II	CATEGORY III	CATEGORY IV	CATEGORY V
g - Communication					
i) - Reception . information . telephone operator	Bilingual	Bilingual	Bilingual	One bilingual person at all times	Ensure interpretation service at all times
ii) - Admitting	Bilingual	Bilingual	Bilingual	One bilingual person at all times	
iii) - Forms	French with bilingual version available	Bilingual	Bilingual	Bilingual in the regional service	
iv) - Patient directives	French with bilingual version available	Bilingual	Bilingual	Bilingual in the regional service	
v) - Language courses	Minimum	Essential	Essential	Essential for a bilingual regional service	
vi) - Translation service	Minimum	Essential	Essential	Essential for a bilingual regional service	
vii) - Directional signs	Bilingual	Bilingual	Bilingual	Bilingual	

Chart 5, p.3

CLASSIFICATION OF HOSPITAL GROUPS SERVING FRANCOPHONES

	CATEGORY I	CATEGORY II	CATEGORY III	CATEGORY IV	CATEGORY V
h - Medical records	One of the two languages	Doctor's choice	English	English	
i - Special and regional services*	Bilingual	Perfectly bilingual	Perfectly bilingual	Perfectly bilingual	
j - Patient Representative	Bilingual	Perfectly bilingual	Perfectly bilingual	Perfectly bilingual	
	All services in English to Anglophones				Group together, as much as possible, French-language patients

* Offered only in one place.

Chart 5, p.4

THE SITUATION IN CERTAIN HOSPITALS SERVING FRANCOPHONES

CATEGORY I

FRENCH HOSPITALS OFFERING BILINGUAL SERVICES

HOSPITALS	Hospital Board		Administration		Admitting		Reception		Emergency		Nursing		Number of beds
	Total	French	T	F	T	F	T	F	T	F	T	F	
HAWKESBURY													
General	21	21	4	4	3	3	1	1	5	5	71	69	76
HEARST													
Notre Dame	13	12	6	6	2	2	6	6	5	5	36	33	79
STURGEON FALLS													
St-Jean-de-Brébeuf	11	11	3	3	1	1	5	5	7	7	84	63	93
West Nipissing General Hospital *	12	11	1	1	-	-	-	-	-	-	--	--	(89)
VANIER													
Montfort	19	19	4	4	13	13	14	14	30	24	331	250	222

Chart 6, p.1 * Will open around June 1, 1977.

CATEGORY II

BILINGUAL HOSPITALS WITH FRENCH PREDOMINANCE

HOSPITALS	Hospital Board		Administration		Admitting		Reception		Emergency		Nursing		Number of beds
	Total	French	T	F	T	F	T	F	T	F	T	F	
ALEXANDRIA													
Glengarry	19	11	3	0	2	2	4	4	5	1	36	12	46
CORNWALL													
Hotel Dieu	22	8	6	1	8	4	2	2	15	7	178	105	170
KAPUSKASING													
Sensenbrenner	14	6	3	1	1	1	5	5	5	2	86	36	86
Mattawa													
General	12	7	4	3	3	3	3	3	1	1	32	19	38
OTTAWA													
General	25	20	10	9	18	18	10	10	37	25	676	459	534
St-Vincent	21	13	7	7	2	2	7	7	N/A	N/A	234	71	540
SMOOTH ROCK FALLS													
Smooth Rock Falls	11	6	3	2	N/A		N/A		N/A		20	10	21
SUDBURY													
Laurentian	24	20	7	6	7	7	6	6	9	6	119	69	--

Chart 6, p.2

CATEGORY III

BILINGUAL HOSPITALS WITH ENGLISH PREDOMINANCE

HOSPITALS	Hospital Board		Administration		Admitting		Reception		Emergency		Nursing		Number of beds
	Total	French	T	F	T	F	T	F	T	F	T	F	
BLIND RIVER													
St. Joseph's	11	3	4	3	6	2	5	2	2	1	72	34	58
CHAPLEAU													
Lady Minto	14	3	2	0	1	1	1	1	0	0	30	12	48
COCHRANE													
Lady Minto	14	12	8	1	1	0	0	0	1	1	68	27	69
CORNWALL													
General	22	2	5	4	6	3	3	2	23	5	185	21	170
MacDonell	21	10	4	3	N/A	N/A	4	-	N/A	N/A	120	35	120
ELLIOT LAKE													
St. Joseph's	14	3	4	1	3	1	5	1	4	2	59	19	113
ESPANOLA													
General	14	2	2	0	3	0	1	0	0	0	17	4	39
HAILEYBURY													
Temiskaming Hospitals	14	2	3	0	6	3	4	4	10	2	185	58	208
HAWKESBURY													
Smith	4	4	2	1	1	1	3	3	3	3	66	66	50
IROQUOIS FALLS													
Anson General	11	8	3	1	1	1	0	0	0	0	30	11	43

Chart 6, p.3

CATEGORY III

BILINGUAL HOSPITALS WITH ENGLISH PREDOMINANCE

HOSPITALS	Hospital Board		Administration		Admitting		Reception		Emergency		Nursing		Number of beds
	Total	French	T	F	T	F	T	F	T	F	T	F	
KIRKLAND LAKE													
K.L.District Hosp.	13	4	3	0	2	2	7	7	6	2	90	17	162
MATHESON													
Bingham Memorial	8	2	2	0	—	—	—	—	—	—	11	4	35
NORTH BAY													
Civic	12	0	4	0	6	0	4	1	10	2	183	29	197
St. Joseph	14	3	4	1	4	0	4	2	14	2	171	52	187
OTTAWA													
Children's Hosp.	30	11	6	1	18	10	8	8	46	20	372	113	301
PENETANGUISHENE													
General	13	6	5	5	1	0	1	1	7	5	44	10	65
(Huronia District)	.	.	.	.	.	.	.	.	.	.	.	.	.
SOUTH PORCUPINE													
Porcupine General	9	0	3	1	1	1	2	1	0	0	33	2	54
TIMMINS													
St. Mary's	15	3	6	5	6	6	6	6	23	5	181	75	165
WELLAND													
Wel. County Hosp.	23	4	4	0	6	0	5	0	24	1	195	21	372
WINDSOR													
Hôtel Dieu*	—	—	—	—	—	—	—	—	—	—	—	—	484

* The questionnaire form was not filled out.

Chart 6, p.4

CATEGORY IV

ENGLISH HOSPITALS WITH BILINGUAL REGIONAL SERVICES

HOSPITALS	Hospital Board		Administration		Admitting		Reception		Emergency		Nursing		Number of beds
	Total	French	T	F	T	F	T	F	T	F	T	F	
OTTAWA													
Civic	15	3	4	0	28	25	5	2	31	10	—	—	1,074
SUDBURY													
General	21	0	8	0	14	3	—	—	42	3	563	12	365
Memorial	20	0	8	0	14	3	7	4	—	—	194	33	233
Sudbury-Algoma Sanatorium	18	17	6	2	N/A	N/A	4	1	—	—	23	10	128

Chart 6, p.5

Health Units

In Ontario, health units are financed for the greater part by the province but are administered by local boards made up of men and women who are appointed by the province and by the sharing municipalities.

The administration of these health units is somewhat similar to that of hospitals: the government endeavors to leave as much decision-making as possible to local authorities. But, because members are appointed and not elected, we believe the government has a duty to protect the interests of the public. Laws should be passed to ensure services in French so that the same quality of services will be enjoyed by all citizens.

The process of regionalizing services has complicated the situation in numerous areas where Francophones form a significant part of the population. Often, they had excellent services in French but regionalization came along to dilute the Francophone percentage and impair services in the French language. For example, the Counties of Prescott and Russell were submerged in the vast Eastern region with Stormont, Glengarry and Dundas. In a similar move, Sturgeon Falls is now served by the Nipissing District Health Unit and services in French are not as well-guaranteed[1].

The shortage of qualified bilingual personnel is given as a reason: part of the problem can be attributed to this fact. Poor efforts in the recruitment of qualified bilingual personnel and an uneven distribution of bilingual manpower are just as serious. This is evident in the District of Cochrane[2].

In certain places, we have witnessed a near-total disregard to giving services in French. Welland is such a case[3]. In other places, the planning of services in French is inadequate. Such problems can be observed in Sudbury[4].

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(1) - See pages 199 to 201.

(2) - See pages 236, 237.

(3) - See pages 177 to 179.

(4) - See pages 211 to 213.

Representation on local health boards does not take the French population into account. The Provincial Government is probably most-responsible for creating such a situation. It seems that a number of municipal councils also turn a blind eye to the linguistic reality.

Our regional survey describes these shortcomings. Our recommendations will not suffice to correct these situations: understanding and justice must prevail.

The availability of services to Francophones should be a reality in an area where French is predominant. Since it is not, we must make the following recommendation:

I - Local Health Boards

R.14

. That appointments made by the Lieutenant Governor-in-Council be made following the municipal appointments so that consideration can be given to an adequate representation, proportional to the French-speaking population ;

. That municipal governments give consideration to the Francophone element in their appointments to health units;

. In areas where bilingual services have been promised in Ontario, that the Director of the Health Unit or his assistant be Francophone or at least bilingual according to the standards established by our Task Force(1).

II - Personnel

. That health units in areas where bilingual services have been promised in Ontario, hire a director or an assistant director who is French-speaking or at

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(1) - See page 29.

least bilingual according to the standards established[1] by our Task Force.

. That efforts be made to hire health nurses able to provide bilingual services in all areas where French services are required:

. in home care
. in prenatal courses
. in immunization clinics
. in French-language schools:
. dental care
. eye examination
. hearing tests
. hygiene
. coordination tests
. aptitude tests

. In area where health units offer psychological services in schools, that bilingual psychologists, psychometrists be hired along with a French-language support services able to serve Francophones.

III - Literature

. That all literature be offered in French.

IV - Directional signs

. In bilingual areas, that health boards identify themselves in English and French on their signs

. In bilingual areas, that the reception office be bilingual at all times.

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(1) - *See page 29.*

French-Language Programme

We are convinced that the present structures of the Ministry of Health do not lend themselves to the needs of the Franco-Ontarian population.

Our study demonstrates shortcomings in all areas and the most important is the total lack of concern for anything connected with the French language and culture.

From the hiring policies to the direct services to the population - care and information - there are absolutely no procedures which take into account the fact that close to half a million persons in Ontario have the right to all services in the two languages.

The Ministry is responsible for hundreds of programmes which affect the life of every individual. The province proudly claims that all citizens enjoy equal opportunity, but for Francophones, this is not always true. In our report, we point out a number of matters and we list a few here:

1) - We ask the Ministry to implement the government's bilingual policy - experience shows that this is not done. Other than the availability of written information on request, only an annual survey of bilingual employees is made.

2) - We have witnessed a deplorable situation in the care of the mentally ill. It is unbelievable that it exists. We recommend a thorough specialized study of the matter.

3) - The exceptional child, the emotionally disturbed, the blind, the deaf, sent into a world alien to his language, to his culture, is assimulated or must be expatriated to Québec.

4) - Financial assistance is given to health agencies

without considering the language of the population being serviced, even in areas that are nearly 100 percent French-speaking.

5) - Doctors are recruited for Underserviced Areas without even enquiring about the languages these professionals are able to use in communication with their patients. Many of them are sent in areas that are predominantly French-speaking and do not even speak the language of the majority of their patients.

6) - Financing is provided to hospitals that practically ignore the well-being of their patients in the field of communication, even if they are in areas where French is predominant.

7) - Financing is provided to health units which offer no services in French to French-speaking homes or schools.

8) - Hospital services are regionalized, taking away essential services from bilingual hospitals, giving them to English hospitals that make no efforts whatsoever to understand French-speaking patients - children, senior citizens, mental health patients.

9) - Persons unilingual in English are employed in offices serving areas where there is Francophone population of high majority.

10) - No concern is shown for the language of the professionals and usually, no question is asked whether or not French-speaking patients are able to obtain services in their language.

11) - Public funds are awarded to educational institutions which do not give equal opportunity to French-language high school graduates, requiring that they pursue their studies in English.

12) - The number of health professionals to be trained is established without taking into account the shortage of French-speaking nurses and other bilingual health specialists.

13) - New, larger regions are set up in health services without consideration to the Francophone groups which are submerged into larger administrative units.

14) - Even if a region is of high Francophone majority, regional coordinators, their staff and specialists in planning, have no knowledge of the French language or the culture.

15) - In the higher echelons of the Ministry - from Executive Director to Assistant Deputy Ministers and the Deputy Minister - there is not a single person who has any knowledge of French. With one or two exceptions, there are no French-speaking persons on their office staffs.

16) - Very few Francophone representatives are appointed to local health boards, area planning councils or hospital boards even in areas where the province promised to offer bilingual services. There is no consideration given to the language of the population represented.

We cannot list all the shortcomings. The only description that can possibly come close to reality is that the French fact is almost totally ignored.

We have formulated certain programmes. These cannot be coordinated by anyone but a person who is French-speaking and of French culture. We want to make it very clear: someone who does not live in French cannot imagine how serious the problem is... let alone find solutions. For instance, we must say that the problem at the Brockville Psychiatrict Hospital will not be solved by hiring 25 or 30 or even 50 French-speaking persons. Structures with a French atmosphere (culture and language) will have to be created in a sector of the hospital.

THE DIRECTOR

R.15 We recommend that the Ministry of Health appoint immediately a Director of the French-Language Programme who is of Franco-Ontarian language, culture and training. He will be attached to the Deputy Minister's Office.

We believe his usefulness would be lessened if he were attached to a lower level since his position in the administrative structure would place him in a particular division (or part of a division) instead of the Ministry as a whole. The scope of the programme must take in the whole Ministry.

The Director would be responsible to the Deputy Minister in matters pertaining to bilingualism. It is his duty to undertake studies in any situations where services in the French language leave to be desired, to report to the Deputy Minister and to make sure there is a follow-up to the recommendations made.

His functions

1) - The Director is a special adviser to the Deputy Minister in matters pertaining to bilingualism, especially in two aspects:

a) - as the Ministry's representative to the Government's Joint Committee on Bilingualism. He replaces the present coordinator who is familiar with neither the language nor the culture of Franco-Ontarians;

b) - as adviser to the Deputy Minister on the Health Sciences Education Committee (of

the Ministry of Health and the Ministry of Colleges and Universities).

2) - The Director becomes assistant to the Coordinator of the Underserviced Area Programme in the recruiting of doctors for regions which are underserviced in French. We elaborate on the programme in the section on the Recruiting of Doctors (pages 88 to 90). Within the Underserviced Area Programme, the Director should be responsible for the regions which are underserviced in French.

3) - The Director keeps an up-to-date and accurate list of all French-speaking doctors and specialists practising in Ontario. The list will be made available to medical societies and all interested parties in Ontario (page 76).

4) - The Director supervises the Specialized Study in French-Language Psychiatric Services which we recommend (pages 30 to 34).

5) - In cooperation with the Children's Mental Health Services Branch, the Director undertakes a complete census of French-speaking children and adolescents presently institutionalized in Ontario and Québec. Their report will contain recommendations on places where homes, or sectors of homes, should be established to provide a French atmosphere for young people who must be institutionalized in Ontario (page 43).

6) - The Director makes a survey of the number of Ministry employees affected to positions directly involved with the public, in areas where bilingual services have been promised, and determines the shortcomings (page 29).

7) - The Director undertakes a French-language awareness campaign to encourage young people - especially in French-language high schools - to chose careers in medicine and health sciences. He also provides the necessary material to school career

counsellors to encourage students in choosing careers in medicine and health sciences (page 99).

8) - The Director is involved in the programme for bilingual hospital services by giving them the necessary information and assisting them on matters such as:

. grants for bilingual services

. getting bilingual material: signs, audio-visual, literature

. helping in efforts to recruit bilingual personnel

. helping to organize language courses

. informing them of government measures on bilingualism (pages 44 to 59).

9) - The Director provides a liaison between the Ministry of Health and the Franco-Ontarian population.

10) - The Director provides a liaison between the Ministry of Health and the agencies and volunteer organizations which must give consideration to services in French (pages 69 to 72).

11) - The Director is responsible for the implementation and the uninterrupted pursuance of any long- or short-term programme or measures which the Ministry will implement.

12) - The Director must see that there is an adequate representation of the Francophone population on hospital boards, boards of health and district or regional health councils.

Agencies and Volunteer Organizations

At our public hearings, a number of people mentioned the difficulties they encounter when dealing with health agencies or volunteer organizations. These are the groups which work with the people and rely mostly on volunteer services.

Most of these groups receive well-deserved operating grants from the government.

The main purpose of these organizations is to focus public attention on health problems in order to promote, in each community, the implementation of programmes in prevention, therapy and rehabilitation. They do not necessarily perform the services themselves, but promote them through well-coordinated community action. Often, they are the focal point for those who need help. The members of these associations are volunteers whose efforts are supported by a small number of social workers.

Some agencies rely only partly on public contributions: they have their own workers in the field. The Victorian Order of Nurses is financed by honoraria for services rendered and partly by contributions from the public. The Alcohol and Drug Addiction Research Foundation is funded by the government.

There are, however, a large number of other agencies which rely on public donations. Among those, we mention: The Red Cross, The Cancer Society, The Rheumatism and Arthritis Society, The Foundation for Cystic Fibrosis, The Crippled Children's Association...

In most regions, there are local associations which are affiliated with national or provincial groups and a number of independent groups which answer to specific needs.

In the field of volunteer services, our observations also cover the deserving work accomplished by Hospital Auxiliaries working in hospitals of the province[1].

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(1) - See also Recommendation 13, on page 50.

We wish to express our admiration for the work accomplished by these groups. Without their volunteer work, and without their public compaigns for funds, we would say that the quality of health services in the province would be considerably inferior to what we now enjoy.

Because a great majority of these organizations were formed by Anglo-Saxons, the English language and culture dominate within the group. This creates a problem for Francophones: they are working within linguistic and cultural structures which are unfamiliar. They become discouraged and give up.

One may be inclined to blame the apathy of Franco-Ontarians who refuse to join their colleagues in their charitable endeavors. But, experience proves that there is no shortage of volunteer workers within French-Canadian organizations.

And, certain experiences show that it is possible to find Francophone volunteers to join the ranks of multicultural organizations, providing they set up structures which are entirely their own.

There was no lack of good will in organizations which have encouraged Francophones to join their ranks and have even designated positions for them on the regional executive. But, experience shows that those who show up take an active part in some particular endeavor and then lose interest.

It seems to us that the basic incentive formulated by the Committee on Biculturalism of the Social Planning Council of Ottawa-Carleton, was never provided:

> "That Francophones be able to work and receive services in their language, as well as Anglophones do, in order to ensure services of the highest quality to the Francophone population as well as to the Anglophones... And we add, for having it heard said on many occasions, that a person who usually performs in his mother tongue, very often sees his or her ability somewhat reduced when the person has to adjust to a second language(1)."

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(1) - Our translation - from the 1967 report of the Committee.

Proof of this assertion was provided in Ottawa. The Children's Aid Society achieved very favorable results with the French-speaking population as soon as it created three French-language units.

In the same vein, we note that the Council on Aging has a French-language group, formed in a committee which is very active. Other organizations which have tried a similar system have been successful in the extent that self-determination was granted to French-language units.

It is equally important to consider the problems of the consumer. There also, the quality of the services depends on easy communication. It is less traumatizing for an ailing person to be able to converse with persons who speak his or her own language. In order to conduct consultations in the language of the consumer, one must make every effort possible to find French-speaking volunteers and social workers.

Our recommendation to volunteer organizations working in health and social services in Ontario is:

R.16 . That any volunteer organizations operating in areas where there is a significantly-large French-speaking population form a unit which is able to work in French and care for French-speaking persons who need their services.

In order to ensure bilingual structures, the required means must be provided to allow Francophones to work in French.

Our investigation reveals that public agencies have very little French-language literature. A few organizations show considerable good faith by providing a French version of their publicity material. Others simply provide material which is distributed in Québec without bothering to print them in Ontario, with the needed regional information.

At least, in this regard, the Ministry is providing leadership: a French version is available of all public information literature[1].

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(1) - *The Ministry - page 23.*

We would like to suggest various ways of providing an easier availability of French-language literature.

We are sure that the Ministry would be ready to support efforts in bilingualism by providing the agencies with a French translation of all new publications which they plan to publish in the future. A number of agencies already rely on technical assistance from the Ministry's Communications Branch to prepare their information programme. We expect that the Ministry would be ready to offer this added service.

As for basic documents and important pamphlets already in circulation, we believe the Government would be ready to provide financial support to agencies wishing to print French versions. There are possibilities of obtaining federal grants for part of the costs.

Finally, we point out that Franco-Ontarians must be first-class citizens, not only in contributing to public funds, but also in the use of these funds. Half a million Francophones pay their taxes in Ontario (they represent the largest minority group in the province). Francophones are canvassed along with Anglophones in public funds campaigns. Even if there are certain costs for the translation of material intended for them, it is a service they are entitled to.

R.17 We recommend that health agencies and volunteer organizations in Ontario publish a French version of all printed matter intended for public information.

R.18 We recommend that translation costs for printed matter published by health agencies and volunteer organizations be shared by:

- the Federal Government
- the Provincial Government
- the organizations themselves.

AVAILABILITY OF PERSONNEL

It is evident that the most serious impediment to the availability of services to Franco-Ontarians is the shortage of persons, professionals and others, who can provide services and care in French. This is demonstrated:

a) - by bilingual staff statistical charts which we publish,

b) - by the hundreds of communications we have received during our investigation. These observations did not come from Francophones only, but were often made to us by a number of professionals and administrators in all areas,

c) - by the small number of French-language courses in health disciplines.

For many years, young Franco-Ontarians were educationally underprivileged because of unfavorable economic conditions and the absence of courses in their mother tongue. We will not review the economic and educational history.

The most important measure is to give easier access in the health field to graduates of French-language high schools.

It is a long-term project which should be implemented as soon as possible. This will not meet the present need. We suggest other ways:

a) - recruit as many Francophones as possible from outside the province,

b) - ensure that Francophone staff which is already qualified is available to serve Francophones,

c) - see that young people from areas where there is a significantly-large French-speaking population who will join the health professions understand that they will not be providing the highest quality of care unless they do so in French to Francophones.

The Medical Profession

Our study leaves no doubt that there is a serious shortage of French-language physicians in Ontario. We conducted a survey only in regions where the province has promised to provide bilingual services, but we are convinced that the problem exists everywhere.

There are no over-all figures available on the exact number of French-speaking professionals other than those in the directories for Toronto[1] and London[2]. This has made our work more difficult since we had to conduct our own survey in the areas we were studying.

At first, we had hoped to establish the need on a provincial level. This proved impossible unless we undertook a much wider study which would have required more time and additional staff.

The Ontario Medical Association recommended that we approach the presidents of local academies of medicine from whom we obtained some of our figures. Where the academy chose not to answer our query, we conducted our own survey.

We prepared four charts to outline the unfavorable situation in which the Francophone population finds itself when attempting to obtain professional care from a physician able to speak French. Our basic figures are taken from:

a) - The 1971 Census of Statistics Canada, for population counts

b) - The Canadian Medical Directory 1975, for the lists of professionals.

1 - CHART 1 compares the general doctor-population ratio and the Francophone doctor - Francophone population ratio in each of the regions.

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(1) - Metropolitan Toronto Directory of Family Physicians 1975 - Yvonne de Buda, M.D.

(2) - Directory of the London and District Academy of Medicine - 1974-75.

2 - CHART 8 counts the number of French-speaking physicians required to arrive at the doctor-population ratio already existing in each of the 16 regions. In this case, we note a shortage of 120 doctors.

3 - But, should we wish to attain the present doctor-population ratio of 1/585 presently existing in Ontario, we would need 256 additional French-speaking doctors in the 16 regions we have studied: this is demonstrated in CHART 9.

4 - Finally, we would need 319 more French-speaking doctors should we try to attain the present 1/585 ratio throughout the province, as shown in the projection of CHART 10.

It would be utopian to hope to find 256 professionals for the areas studied or 319 for Ontario. Our purpose in preparing these figures is to demonstrate clearly that a serious problem does exist in relation to French-language professional care in the province.

The measures we recommend to alleviate the problem represent, in our estimation, the only way we will be able to increase the number of professionals able to give Francophones the quality of services to which they are entitled.

Our figures are factual, but we hope that the Ministry will commission the Director of the French-Language Programme to initiate a research project which will give a more complete picture:

- of the province as a whole
- of the different medical specialities.

One of the problems often mentioned is the near-total absence of any reference to the languages spoken by doctors in Ontario. Doctors themselves do not know where to refer their French-speaking patients who must seek medical advice elsewhere.

The Ministry should undertake to prepare such a list. A question on the languages spoken could be included in an annual survey questionnaire sent out by the Ontario Health Insurance Plan. The information could be published in the Canadian Medical Directory and could be added to the computer data of the Ministry.

Our short study did not set apart the medical specialists. We had to take into account all professionals who hold licences to practise in Ontario. It would be advisable that the study we suggest to the Director of the French-Language Programme include a survey of the specialists: we have particularly felt a need for family doctors, pediatricians and psychiatrists, but we could not obtain more accurate information.

It is evident that once we are able to train more French-speaking doctors, we will also have more specialists.

DOCTOR-POPULATION AND FRANCOPHONE DOCTORS-

FRANCOPHONE POPULATION RATIO IN THE REGIONS STUDIED

	MD	FRANCO. MD	TOTAL POP.	FRANCO. POP.	GENERAL RATIO	FRANCO. RATIO
COCHRANE:(1)						
. Timmins	44	8	39,515	19,125	1/898	1/2,390
. Iroquois Falls	4	0	7,270	3,550	1/1,817	0/3,550
. Cochrane	9	3	4,965	2,210	1/622	1/737
TOTAL FOR REGION	57	11	65,770	28,345	1/1,154	1/2,570
. Hearst	7	3	3,500	2,745	1/500	1/925
. Kapuskasing	12	5	12,835	7,410	1/1,069	1/1,482
. Smooth Rock Falls	3	1	1,235	745	1/412	1/745
TOTAL FOR REGION	22	9	30,070	18,555	1/1,367	1/2,062
TIMISKAMING:(2)						
. Kirkland Lake	23	3	15,205	3,065	1/661	1/1,022
. Englehart	6	1	1,720	105	1/287	1/105
. Virginiatown	2	0	1,760	595	1/880	0/595
. Haileybury	6	0	5,280	2,020	1/880	0/2,020
. New Liskeard	6	1	5,490	1,375	1/1,098	1/1,375
. Cobalt	1	0	2,200	750	1/2,200	0/750
TOTAL FOR DISTRICT	44	5	40,485	12,975	1/920	1/2,595

(1) - Hearst and Kapuskasing serve the population of the adjoining area included in the "Total for region".

(2) - Englehart serves Earlton which is included in the "Total for district".

Chart 7, P.1

DOCTOR-POPULATION AND FRANCOPHONE DOCTORS - FRANCOPHONE POPULATION RATIO IN THE REGIONS STUDIED

	MD	FRANCO. MD	TOTAL POP.	FRANCO. POP.	GENERAL RATIO	FRANCO. RATIO
NIPISSING:(1)						
. North Bay Area	79	14	56,595	12,130	1/716	1/866
. Sturgeon Falls Area	10	5	14,030	10,450	1/1,403	1/2,090
. Mattawa Area	3	2	7,000	3,405	1/2,300	1/1,702
TOTAL FOR DISTRICT	92	21	78,885	25,585	1/855	1/1,231
SUDBURY REGION (2)						
. Sudbury	145	28	90,535	24,455	1/624	1/802
. Chelmsford and Azilda	4	2	6,345	4,050	1/1,586	1/2,025
. Hanmer (Valley East)	4	1	17,935	9,895	1/4,483	1/9,895
. Noelville (St.Charles)	3	1	2,990	2,300	1/996	1/2,990
. Coniston	1	0	2,905	935	1/2,905	0/935
TOTAL FOR REGION	173	34	185,640	60,425	1/1,069	1/1,601
ELLIOT LAKE-BLIND RIVER REGION (3)						
. Elliot Lake	7	1	9,090	2,605	1/1,298	1/2,605
. Blind River	4	1	3,450	1,205	1/862	1/1,205
. Espanola and Massey	5	1	7,320	1,875	1/1,464	1/1,875
TOTAL FOR REGION	18	4	21,735	5,740	1/1,207	1/1,435

(1) - English-speaking doctors: Temagami (1)

(2) - English-speaking doctors: Lively (3), Creighton (1), Levack (2), Capreol 2), Copper Cliff (3), Onaping (2), Burwash (1)
French-speaking doctors: Garson (2)

(3) - English-speaking doctors: Thessalon (2)
French-speaking doctor: Thessalon (1)

Chart 7, P.2

DOCTOR-POPULATION AND FRANCOPHONE DOCTORS-

FRANCOPHONE POPULATION RATIO IN THE REGIONS STUDIED

	MD	FRANCO. MD	TOTAL POP.	FRANCO. POP.	GENERAL RATIO	FRANCO. RATIO
WAWA and CHAPLEAU:						
. Wawa	4	1	4,820	1,015	1/1,205	1/1,015
. Chapleau	2	0	3,390	1,455	1/1,695	0/1,145
SAULT STE.MARIE REGION:						
. Sault Ste-Marie (1)	107	11	80,330	4,435	1/751	1/403
TOTAL FOR REGION	112	11	88,115	6,955	1/787	1/632
PEMBROKE (RENFREW):						
. Pembroke	33	3	16,545	1,680	1/501	1/560
OTTAWA-CARLETON: (2)						
. Ottawa	1,093	183	302,340	62,235	1/276	1/750
. Vanier	12	6	22,480	14,940	1/1,873	1/2,413
. Orléans	8	5	9,295	4,205	1/1,162	1/841
TOTAL FOR DISTRICT	1,121	194	471,930	97,975	1/421	1/505

(1) - English-speaking doctors: Bruce Mines (2), Richards Landing (2), Algoma Mills (1)

(2) - English-speaking doctors: Richmond (5), Stittsville (2), Cumberland (1)
Explanatory note: Ottawa serves the whole district and part of Western Québec. The district total is the most significant figure. Prescott-Russell also depends on Ottawa for medical care, especially specialists' care, offered in Ottawa.

DOCTOR-POPULATION AND FRANCOPHONE DOCTORS-

FRANCOPHONE POPULATION RATIO IN THE REGIONS STUDIED

	MD	FRANCO. MD	TOTAL POP.	FRANCO. POP.	GENERAL RATIO	FRANCO. RATIO
RUSSELL: (1)						
. Rockland	3	3	3,650	3,200	1/1,217	1/1,067
. Clarence Creek	2	2	4,590	3,955	1/2,295	1/1,978
. Casselman	2	1	1,335	1,245	1/668	1/1,245
. Embrun (and Russell)	2	2	4,160	2,855	1/2,080	1/1,428
TOTAL FOR DISTRICT	9	8	16,645	13,645	1/1,809	1/1,706
PRESCOTT:						
. Alfred	1	1	1,230	1,115	1/1,230	1/1,115
. Plantagenet (2 twp)	3	2	3,750	3,080	1/1,250	1/1,540
. L'Orignal	1	1	1,405	1,105	1/1,405	1/1,105
. Hawkesbury	15	8	9,275	7,955	1/618	1/994
. Vankleek Hill	0	0	1,690	955	0/1,690	0/955
TOTAL FOR DISTRICT	19	12	27,830	22,595	1/1,465	1/1,775
STORMONT: (2)						
. Cornwall	73	18	47,120	18,165	1/645	1/1,009
TOTAL FOR DISTRICT	75	19	61,300	20,605	1/817	1/1,084
GLENGARRY: (3)						
. Alexandria	5	3	3,240	2,160	1/648	1/720
. Lancaster	2	0	3,560	1,695	1/1,780	1/1,695
TOTAL FOR DISTRICT	8	3	18,480	8,165	1/2,310	1/2,721

(1) - (No full-time doctor in Moose Creek). Ottawa serves part of this population.

(2) - French-speaking doctor in Avonmore (1), English-speaking doctor in Berwick (1).

(3) - English-speaking doctor in Maxville (1).
Explanatory note: Cornwall serves part of this population.

DOCTOR-POPULATION AND FRANCOPHONE DOCTORS-

FRANCOPHONE POPULATION RATIO IN THE REGIONS STUDIED

	MD	FRANCO. MD	TOTAL POP.	FRANCO. POP.	GENERAL RATIO	FRANCO. RATIO
TINY:						
. Midland	20	3	10,995	715	1/549	1/235
. Penetanguishene	18	3	5,500	1,995	1/305	1/665
TOTAL FOR TOWNSHIP	38	6	24,720	5,290	1/650	1/880
NIAGARA PENINSULA:						
. Welland	61	6	44,395	7,590	1/728	1/1,275
. Port Colborne	23	1	21,420	1,765	1/931	1/1,765
. St. Catharines	195	3	109,725	3,760	1/561	1/1,253
. Niagara Falls	91	5	67,165	2,095	1/738	1/419
TOTAL FOR CITIES LISTED	370	15	242,795	15,210	1/656	1/1,000
ESSEX: (1)						
. Windsor	359	25	203,200	14,305	1/579	1/592
. Belle Rivière	3	2	2,875	1,015	1/958	1/507
. Essex	2	0	4,000	150	1/571	0/150
. Tecumseh	3	0	5,165	1,350	1/1,721	0/1,350
TOTAL FOR DISTRICT	413	29	306,400	26,155	1/761	1/902

(1) - District: English-speaking doctors: Essex (7), Hanover (3), Kingsville (5), Leamington (21), Coldwater (4), Amhersburg (7).

French-speaking doctors: Leamington (1), Amhersburg (1).

Chart 7, P.5

NUMBER OF FRANCOPHONE DOCTORS REQUIRED IN THE REGIONS STUDIED TO ATTAIN THE PRESENT RATIO EXISTING IN EACH OF THESE REGIONS

	PRESENT RATIO	FRANCO. POPULATION	FRENCH MD REQUIRED	FRANCO. MD	NUMBER REQUIRED
COCHRANE:					
. Hearst-Kapuskasing Area	1/1,367	18,555	14	9	5
. Timmins Area	1/1,154	28,345	24	11	13
TIMISKAMING	1/920	12,975	14	5	9
NIPISSING	1/855	25,585	30	21	9
SUDBURY	1/1,069	60,425	57	34	23
ELLIOT LAKE-BLIND RIVER	1/1,207	5,740	5	4	1
WAWA and CHAPLEAU:					
. Wawa	1/1,205	1,015	1	1	0
. Chapleau	1/1,695	1,455	1	0	1
SAULT STE-MARIE	1/787	6,955	9	11	+2
PEMBROKE (RENFREW)	1/501	1,680	3	3	0
OTTAWA-CARLETON	1/505	97,975	233	194	39
RUSSELL	1/1,809	13,645	8	8	0
PRESCOTT	1/1,465	22,595	15	12	3
STORMONT	1/819	20,605	24	19	5
GLENGARRY	1/2,310	18,480	3	3	0
TOWNSHIP OF TINY	1/650	5,290	8	6	+2
NIAGARA PENINSULA:					
. Welland	1/728	7,590	10	6	4
. Port Colborne	1/931	1,705	2	1	1
. St. Catharines	1/561	3,760	7	3	4
. Niagara Falls	1/738	2,095	3	5	2
ESSEX	1/761	26,155	34	29	5
TOTALS.....		365,150	505	385	120

Chart 8

NUMBER OF FRANCOPHONE DOCTORS REQUIRED IN BILINGUAL REGIONS TO ATTAIN THE PRESENT RATIO OF ONE DOCTOR FOR 585 PERSONS IN ONTARIO

REGIONS	FRANCO. POP.	FRANCO. MD	PRESENT RATIO	1/585	MD REQUIRED
COCHRANE:					
. Hearst-Kapuskasing Area	18,555	9	1/2,062	31	22
. Timmins Area	28,345	11	1/2,570	48	37
TIMISKAMING	12,975	5	1/2,595	22	17
NIPISSING	25,585	21	1/1,231	43	22
SUDBURY	60,425	34	1/1,601	103	69
ELLIOT LAKE-BLIND RIVER	5,740	4	1/1,425	10	6
WAWA-CHAPLEAU	2,470	1	1/2,470	4	3
SAULT STE	6,955	11	1/632	12	1
PEMBROKE (RENFREW)	1,680	3	1/560	2	+1
OTTAWA-CARLETON	97,975	194	1/505	167	+27
RUSSELL	13,645	8	1/1,706	23	15
PRESCOTT	27,830	12	1/1,775	47	35
GLENGARRY	8,185	3	1/2,721	14	11
STORMONT	20,605	19	1/1,084	35	16
TOWNSHIP OF TINY	5,290	6	1/880	9	3
NIAGARA PENINSULA	15,210	15	1/1,000	26	11
ESSEX	26,155	29	1/902	45	16
TOTALS.....	365,150	385	1/953	641	256

Chart 9

FRANCOPHONE DOCTORS IN ONTARIO

PROJECTION OF THE TOTAL OF FRANCOPHONE DOCTORS IN ONTARIO				
REGIONS STUDIED			IN ONTARIO	
FRANCOPHONE POPULATION	FRANCOPHONE MD	MD/POPULATION RATIO	TOTAL FRANCO. POPULATION	NUMBER OF MD
365,150	385	1/953	482,045	505

PROJECTION OF THE NUMBER OF FRANCOPHONE DOCTORS
REQUIRED TO ATTAIN THE PRESENT RATIO OF ONE DOCTOR
FOR 585 PERSONS IN ONTARIO

FRANCOPHONE POPULATION	1/585	TOTAL NUMBER	NUMBER REQUIRED
482,045	824	505	319

EXPLAINING THE PROJECTIONS:

There are 385 French-speaking doctors in the regions we have studied. This represents 365,150 Francophones, 75.8 percent of the total French-speaking population of Ontario which is of 482,045. Keeping this same ratio, we arrive at a total of 505 French-speaking doctors practising in Ontario, which is of one doctor for 953 Franco-Ontarians.

The doctor-population ratio in Ontario is 1/585. To attain this ratio for Francophones, we would need 824 French-speaking doctors. The real number required is then (824-505) 319 doctors able to speak French.

Chart 10

Medical Training

The only solution to the present shortage of French-language doctors in Ontario is the training of as many doctors as possible who will be able to communicate in French with Francophone patients.

The number of Francophones accepted in Faculties of Medicine in Ontario in 1975 was 26, 24 of whom were accepted in the Faculty of Medicine of the University of Ottawa. There were 167 applications in Ottawa, 48 at McMaster (Hamilton), 42 at Queen's (Kingston), 40 at Toronto and 30 at Western (London). Altogether, there were 181 French-speaking candidates (a number of them apply at more than one faculty).

Of this group, 24 were accepted at Ottawa, one at Kingston and another in Toronto. There could be a number of reasons why Francophone students are not favored at Toronto (1/40), at Hamilton (1/42) or in London (0/30). Nevertheless, it is obvious that we cannot count on these universities for the training of Francophone professionals. Each of these universities received between 1,500 and 1,800 applications[1].

On the other hand, the University of Ottawa accepted in the first-year medical course, 24 French-speaking candidates in a class of 84. Of these, 11 are Franco-Ontarians[2] and 13 are from Québec.

We can expect 11 Franco-Ontarians to obtain their licence to practise four years from now. Even if all 11 new doctors decided to practise in Ontario, this would not even be sufficient to replace those who retire or move away that same year.

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(1) - Ontario Medical School Application Service - Guelph, Ont. (Dec. 75).

(2) - 9 from Ottawa, 1 from Windsor, 1 from Barrie - University of Ottawa Statistics.

Figures for previous years are not available from OMSAS, but it seems the situation was quite similar, according to reports from the universities. In Ottawa, in 1974, nine Franco-Ontarians were accepted[1] *and in 1973, there were 15 admissions of French-speaking Ontarians*[2].

Thus, we can say that only the University of Ottawa graduates a significant number of Franco-Ontarians. But this number is far from sufficient. (At 15 a year, it would take 21 years to graduate the 319 doctors needed right now !).

We are convinced that the only solution is to transform the Faculty of Medicine of Ottawa University into a completely bilingual medical school and so recommend in the Chapter on Ottawa-Carleton[3]. *It would be preferable that the faculty be all-French to compensate for the unfavorable situation in which Franco-Ontarians have found themselves in the past regarding medical studies. But, in order to be practical, we recommend an integral bilingualism which will produce, every year, 85 doctors able to give medical care in the French language.*

It is abolutely necessary that the government accept its responsibility in this matter: financing. The transformation of the Faculty of Medicine of Ottawa University will obviously cause additional expenses.

R.19 We recommend that the Health Sciences Education Committee (Ministry of Health and Ministry of Colleges and Universities) favor allotting special grants to help finance the transformation of the Faculty of Medicine of the University of Ottawa from an all-English faculty into a fully bilingual medical school.

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(1) - 8 from Ottawa, 1 from Thunder Bay - University of Ottawa Statistics.

(2) - 6 from Ottawa, 5 from the Hawkesbury Area and 3 from Northern Ontario.

(3) - See pages 117 to 122.

Recruiting Doctors

Since 1969, the Ministry of Health has been able to find 265 doctors who are now in general practice in 155 communities in the province through the Underserviced Area Programme. At the present time, there are still about 40 openings for doctors under the plan[1].

The programme is designed to encourage doctors to practise in underserviced areas. A financial incentive is offered: doctors are guaranteed an annual income of $33,000 or are given an annual non-reimbursable grant of $20,000 for two years.

The programme is administered by a full-time director. The selection of doctors is approved by the Medical Selection Committee made up of the Director of the Underserviced Area Programme and four doctors from outside the Ministry.

When the Director is advised that a community needs a doctor, he proceeds with his own investigation, checking whether or not the community is in fact seeking a medical doctor. Then, he attempts to find a professional who will fit into the community. When one is found, the Director submits the application to the Medical Selection Committee which either approves or refuses the application. Then, the Director arranges a meeting between the doctor and the community. The final decision depends on acceptance by both parties: the doctor and the community.

Every request for a doctor in Ontario is studied within this programme. Doctors are sought in universities, through professional associations, among individual applications and, occasionally, through public advertising.

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(1) - March 1976 figures.

At the present time, the prospective doctor's language of communication is taken into account in the assessment of his relations with the community but not in the quality of medical services to be rendered. Often in the past, doctors who spoke English only have been selected for communities with very high French population density. (v.g. - Hanmer, Noëlville, ...).

We believe it would be possible:

1 - to bring the language factor into account with the present considerations of the Underserviced Area Programme;

2 - to add a second part to the Programme in order to find Francophone doctors to practise in Regions which are Underserviced in French.

To attain this end, we recommend:

R.20 . That the language factor be included among the criteria established in the selection of doctors for communities already listed within the Underserviced Area Programme for communities in regions where bilingual services have been promised, already figuring on the list.

French-speaking doctors should be sought for the following communities which were listed on March 15th this year: Cochrane, Earlton, Elliot Lake, Hearst, Matheson and Vankleek Hill.

. That a second list be drawn up by the Director of the French-Language Programme containing the names of communities where there is a need for French-speaking doctors. These communities would benefit from the same incentives offered under the

Underserviced Area Programme. At this date, the following communities, located in regions where bilingual services have been promised, should be included in the list: Blind River, Chapleau, Chelmsford, Cobalt, Coniston, Cornwall, Elliot Lake, Haileybury, Hanmer, Iroquois Falls, Kirkland Lake, Lancaster, New Liskeard, North Bay, Port Colborne, South Porcupine, Sturgeon Falls, Sudbury, Tecumseh, Timmins, Virginiatown, Welland.

. That the Director for the Underserviced Areas Programme be assisted by the Director of the French-Language Programme in matters relating to the recruiting of French-speaking doctors. The latter should:

  . be kept informed of requests from communities in regions where bilingual services have been promised

  . be responsible to keep an up-to-date list of Regions which are Underserviced in French

  . assist in efforts to find and select doctors for Regions which are Underserviced in French

  . assist in analyzing the needs and the characteristics of Regions which are Underserviced in French

  . keep informed, maintain a list of available Francophone doctors and seek applications, in cooperation with the Director of the Underserviced Area Programme.

. At least, one French-speaking doctor be named among the professionals from outside the Ministry on the Medical Selection Committee of the Underserviced Areas Programme.

Other Measures

We have given serious consideration to three recommendations relating to the training of doctors.

1 - That Franco-Ontarians obtain medical training in the Province of Québec.

This seems advisable as a short-term solution (as mentioned in our interim report), because it would help alleviate the present shortage. As long as the University of Ottawa will not fill this need and, in recognition of the present situation, we should try to obtain cooperation in Québec.

We have approached the Faculties of Medicine in Québec and believe it would be possible to make arrangements to have 10 to 15 Franco-Ontarian candidates accepted in these schools of medicine providing their level of competence compares to that of other candidates. New Brunswick already has such an agreement under which about 30 French-speaking students are now studying at Laval, Sherbrooke and Montréal.

The Rector of Laval University indicates some interest in the plan. Sherbrooke does not seem to be as interested, while Montréal has not given us any indication of preferences on the matter. The Health Sciences Education Committee would have to undertake negotiations and reach an agreement with the Québec universities.

R.21 We recommend that the Health Sciences Education Committee be given the responsibility of arriving at an agreement with the medical schools in Québec to ensure the admission, each year, of at least 15 qualified Franco-Ontarian candidates in the Faculties of Medicine in Québec, for the next 10 years, subject to renewal.

(Here, we must amend remarks we made in our interim report. We were under the impression Québec was refusing to award grants for Ontarians who were studying in that province. It is unfortunate that we misunderstood the remarks of university authorities: Québec has never refused to award these grants and has never recommended that applications from Ontario be turned down. The number of Franco-Ontarians admitted to the Faculties of Medicine in that province dwindled to a negligible number, during the past 10 to 15 years, but this was due mostly to a change in priorities by the universities in regards to Francophones from outside Québec.)

2 - <u>That the Faculty of Medicine of the University of Ottawa become a French-Language school of medicine</u>.

We recognize the merits of this suggestion, but, at the present time, we believe it would not be practical to request it because it seems that the University of Ottawa has established goals and objectives which do not make this possible.

First, we are told that it is impossible to find an all-French teaching staff. We recognize the difficulties such a move would imply, but still believe it is possible to find French-speaking professors since Québec has always succeeded in that regard.

Moreover, the university advises us that a school of medicine must serve a population of a million persons and that the Ottawa faculty must take in the whole population of the Ottawa area. We believe they could take, as the population served, the half million Franco-Ontarians and an equal number of French-speaking persons from the Québec side of the Ottawa River. We also believe it could some day become the faculty serving Francophone minorities from outside Québec and explain this project as a third possible measure.

The university claims it must graduate doctors to

serve the whole Ottawa area which has no other school of medicine. We believe it should serve Francophones from all parts of the province. Anglophones from Ottawa or from any other part of Ontario for that matter, have a choice of four other faculties. There is no question of parallel courses or two faculties in the Ottawa area since it would not be practical to increase the number of graduates in Ontario where the doctor-patient ratio is 1 to 585[1].

We do not think that the difficulties which the University anticipates are insurmountable and believe the University could transform its faculty into an all-French school of medicine.

But this move would require a total change in the present policies of the University and the Faculty of Medicine. And, even at that, it would take years to complete the change-over.

We still hope that such a measure be implemented and it is the intention of our third suggestion. But, at the present time, we believe it is more practical to recommend the bilingualization stage for the Faculty.

3 - <u>We favor a third suggestion that a French-language Faculty of Medicine be established in Ontario (at Ottawa or Sudbury) for minorities outside of Québec</u>.

This is a long-range project which would take years to accomplish and does not offer a solution to present-day problems.

The appropriation of funds from 10 governments, the organization of the faculty, the recruitment of staff, the recruitment and selection of candidates are only a few of the

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(1) - Ministry of Health Statistics.

problems which would have to be solved and we see this as a drawn-out and complex procedure. The time factor required is much longer than anticipated in our mandate.

However, the proposal is very interesting and...

R.22 We recommend that the Council for Franco-Ontarian Affairs[1], the University of Ottawa and Laurentian University study the project and take steps to form an intergovernmental committee in view of establishing a Faculty of Medicine for French-language students outside Québec.

Medical Specialities

We feel there is a pronounced need in a number of medical specialities.

Unfortunately, in Ontario, we do not have the required courses conducted in French to train these specialists: psychiatrists and pediatricians are mostly in demand.

As we have mentioned earlier, the University of Ottawa will have to transform its course into a completely bilingual faculty in order to train these specialists - as well as family physicians - who will be able to serve Francophones in their language.

It has been pointed out to us that those who suffer the most from the lack of professional services in their language are the emotionally disturbed and the children ... those who are the least able to fend for themselves.

These are two medical specialities where the need should be clearly outlined to Francophone students. We have been able to find,

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(1) - Of the Ministry of Culture and Recreation and the Ministry of Colleges and Universities.

outside of Ottawa, only three psychiatrists who were of French culture: one practises in a psychiatric institution, another is in Hamilton and the third was in private practice in Timmins (this year, he has returned to his studies).

A similar situation exists in the field of pediatrics: we have been able to find about half a dozen French-speaking pediatricians in the entire province.

Ontario certainly does not have enough French-speaking specialists such as ophthalmologists, neurologists, gynecologists, surgeons, etc...., but in these cases, the need is not as important: it is feasible, in most cases, to have a certain amount of interpretation.

But, in family medicine, we must train as many French-language physicians as possible: they are on the front line of personal and direct services.

Psychiatry

We have already mentioned that the shortage of Francophone psychiatrists is evident in Ontario.

It is important that the patient be able to communicate freely, without linguistic barriers. The psychiatrist must establish a personal relationship to be able to understand the problems of his patient. If this communication does not exist, the quality of care is impaired.

Since we cannot hope to have a sufficient number of Francophone psychiatrists in the near future, we believe that the best solution is the establishment of French-language mental health teams.

These teams must be made up of psychologists, social workers and nurses specialized in psychiatric care in order to give counselling and administer therapy under the supervision of a psychiatrist.

Some hospitals, particularly in the Ottawa area, have already

formed such teams but the initiative should spread throughout the province where similar needs are felt.

We have learned that a special course in psychiatric nursing for registered nurses is conducted in English by Northern College, in Timmins. It would be advisable to organize such courses in French in Colleges of Applied Arts and Technology.

R.23 We recommend that the Ministry of Health make special grants available to general hospitals to establish bilingual mental health teams.

R.24 We recommend that the Health Sciences Education Committee encourage community colleges to offer bilingual courses in psychiatric care for nurses and social workers.

Psychology and Social Sciences

The need is also felt in specialized health sciences. These professionals work directly with patients and it is important that they understand and be understood.

Courses in Psychology are given at the two "bilingual" universities as well as at the Hearst Univeristy College. There seems to be a sufficient number of psychologists and psychometrists working in Francophone areas. The most serious need in that regard is that health agencies recognize the lack of services in that field and that they hire qualified French-language persons. It seems that a number of health units, school boards and hospitals offering such services do not try sufficiently hard to find and hire French-speaking psychologists and psychometrists.

The market is not saturated with French-speaking social workers, but they are available. The problem is to find them and then to assign them to regions and tasks where they will make use of their knowledge of French. A number of French-Language courses are given in the two universities and in colleges of applied arts and technology in Ottawa, Sudbury, North Bay and Timmins.

Therapy

Physical and occupational therapy is a science which has gained considerable scope in Ontario over the past few years. The situation has caused a marked shortage of practitioners in that field.

This has forced authorities to seek therapists outside the province. In Ontario, it does not favor services in the French language.

Unfortunately, no courses in therapy are given in French in Ontario and the courses given in Québec are practically closed to Franco-Ontarians.

Courses in physical and occupational therapy are given in London and in Toronto. As in medicine, Franco-Ontarians are very few. The university does not show any distinction based on the language of the candidate, but, according to information we have received, applications from graduates of French-language high schools are few. Students must take a first-year general course then select between occupational or physical therapy for the three-year course leading to the bachelor's degree or subsequent course for higher degrees.

Reports from hospitals and data received from schools for exceptional children indicate there are practically no French-language physiotherapists, hearing therapists, audiologists, speech therapists or play therapists. The present situation seems to favor immigrants from English-language countries and they are the therapists we encounter in a large number of hospitals in Francophone areas.

In view of the present situation, we recommend:

R.25 . That the Director of the French-Language Programme inform school career counsellors of the availability of courses in therapy at Toronto and London and encourage students to register for these courses.

R.26 . That the universities in Toronto and London be aware of the shortage of French-language therapists in Ontario and that, in the next few years, they take this into consideration when reviewing applications from graduates of French-language high schools.

R.27 . That the Health Sciences Education Committee be aware of the unfavorable situation facing the French-speaking population which does not receive therapy care in its own language and encourage universities to give such courses in French.

R.28 . That the University of Ottawa establish a school of therapy for Francophone students in Ontario. This again should be part of its role towards the French-language population of Ontario.

R.29 . That Laurentian University study the possibility of forming a French-language school of therapy.

Other Sciences

Colleges offer courses in medical technology which are vital to the care of patients.

Medical electronics, radiology, respiratory sciences, dental hygiene, medical secretaries and medical records secretaries are among the courses available in French in Ottawa, Sudbury and in a few other places.

We could not give any indication as to which courses should be given in French, which should continue to be given in English. The important aspect is to train technicians who can communicate in French.

R.30

We recommend that the Director of the French-Language Programme of the Ministry of Health prepare a list of the needs in medical technology and inform the colleges of arts and technology as well as the high school career counsellors in order that:

. registration of Francophones is encouraged in the courses mentioned, according to the need

. French-language high school graduates are encouraged to register for their courses.

The Nursing Profession

The Need

For a number of reasons, it is impossible to reach an exact figure establishing the shortage of French-speaking nurses in Ontario. The figures available give us the number of bilingual nurses employed in hospitals, but this is not an indication of the actual need since we are not informed:

- whether all persons described as "bilingual" are able to and actually do work in French;

- whether they use the French language in their jobs.

Other questions must be taken into account:

- the exact need: exactly how many are needed to give the required French-language services in a hospital, a health agency, a volunteer organization, a health unit. The number varies according to the services rendered and the language of the population...

- there is no list available which would give us the exact number of French-speaking nurses presently employed in Ontario

- a constant variation is caused by retirements, permanent leaves and transfers which are common in this profession.

Our surveys indicate a shortage of bilingual nurses almost everywhere in Ontario. The Children's Hospital for Eastern Ontario is seeking bilingual employees and hopes to conduct language courses; Laurentian Hospital in Sudbury has not yet succeeded in filling all its bilingual positions; Notre Dame Hospital in Hearst is seeking bilingual staff; Timmins is considering language courses; the percentage of bilingual

employees is dwindling every year in Sturgeon Falls; the Porcupine Health Unit sends English-language nurses in five French-language schools due to a shortage of bilingual staff; nearly all French-language schools in Southern Ontario are served by English-speaking health nurses... the list could go on.

Training

We are convinced that the only way to compensate for the present shortage is to establish French-language courses in Nursing Sciences at least in areas where there is a Francophone concentration. The enrollment of French-language high school graduates must also be encouraged in other areas.

Courses in Nursing Sciences are given at three levels: the Bachelor of Sciences degree, the diploma and the certificate.

I - The Bachelor of Science Degree

The survey sponsored by the Council on Franco-Ontarian Affairs reveals that in 1974-75, 104 Grade 13 students in French-language high schools intended to further their studies in Nursing Sciences at that level[1]. We believe it would be possible to have a bilingual course in Ottawa and to establish a course in French at Laurentian University in Sudbury.

Special planning for these two courses could be carried out jointly. Government funds could support the recruiting of teachers, the preparation of audio-visual teaching aids as well as the translation of teaching manuals.

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(1) - The Future of Franco-Ontarian Students - 1975
- by the Council of Franco-Ontarian Affairs.

UNIVERSITY OF OTTAWA[1]

We deplore the fact that, at the present time, courses in Nursing Sciences at the University of Ottawa are conducted in English only. Authorities favor English because of the availability of books and didactic material and the clinical facilities which are mostly English in the area of the National Capital.

We do not agree with them. In Québec, manuals and didactic material are available. Governments also offer financial support for the translation of teaching aids in the official languages.

We are not asking that the Nursing Sciences course leading to the bachelor's degree be entirely French, but, as in medicine, we favor a bilingual course where both languages are used. We would make bilingualism an entrance requirement and give the teachers and instructors the choice of using either language.

We once again point out that the University of Ottawa has a role to fulfill in regards to the French population of Ontario and, until courses available are more favorable to Francophones, we do not believe the university is fulfilling the objective which is included in its own bylaws.

LAURENTIAN UNIVERSITY[2]

Laurentian University in Sudbury points out that 25 percent of its first-year students in Nursing Sciences are Francophones. But, at the start of the second year, 50 percent of these students have abandoned their studies. The university realizes that, for some of these, this is due solely to their inability to pursue their studies in English.

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(1) - See also pages 122 to 124.

(2) - See also pages 220 to 222.

We are convinced that not only the present students would be able to take their course in French, but that the number of applications would be increased. A large number of French-language high school graduates would undertake such studies. Also, because of the shortage in Northern Ontario, it is advisable that courses be available in the North. Past experience has shown that most of the students who must go elsewhere for their studies do not return to the North.

The university wants to undertake a survey of the needs[1]. We believe this need is very obvious. The problems caused by the availability of English courses only are well defined. The report on the future plans of Franco-Ontarian high school students[2] points out that there is a sufficient number of candidates. What we need now is action.

II - The Nursing Diploma

ALGONQUIN COLLEGE, OTTAWA[3]

At the present time, only one course leading to the nursing diploma is given in French in Ontario. Algonquin College, in Ottawa, accepts 65 Francophone candidates every year.

We can only say that this course is very vital and, should there be any alternative to the present form, it should bring an increase in the number of enrollments. 14.9 percent of the Grade 13 students who answered the recent survey chose these courses, leaving no reason for concern for filling the places available since this represents 265 students (out of 1,886).

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(1) - Note from Mrs. D. Pringle to Dr. Larouche - May 23, 1975.

(2) - The future of Franco-Ontarian Students - Chart XVII.

(3) - See also pages 128 to 131.

CAMBRIAN COLLEGE, SUDBURY[1]

Authorities at Cambrian College of Applied Arts and Technology have advised us that the percentage of Francophone students in their diploma course in nursing sciences varies between 30 and 50 percent from year to year. Their yearly enrollment is 65.

At the present time, students wishing to further their studies in French are referred to Algonquin College in Ottawa.

There is no reason why a French-language nursing diploma course could not be conducted at Cambrian. There are potential candidates from such places as Sturgeon Falls, North Bay and Elliot Lake in the Mid-North.

Sudbury also has the advantage of having a bilingual hospital with French predominance which has recently opened its doors. Thus, it would be possible to have French-language clinical training facilities for such a nursing course at Cambrian College.

CANADORE COLLEGE, NORTH BAY[2]

A number of courses in health sciences are conducted at Canadore College, in North Bay. Among them is a course in Nursing Sciences.

Unfortunately, there is a very marked difficulty relating to the admission of French-language high school graduates from the area served: Sturgeon Falls and North Bay. College authorities themselves admitted during our public hearing that, in the admission procedure, Francophone students receive lower notes in admission tests for nursing courses "more specifically in English-language proficiency test and consequently, their chances of being admitted are reduced".

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(1) - See also pages 223, 224.

(2) - See also pages 195 to 198.

We are advised that this year, the importance attached to the language test is minimized. Consequently, a larger number of bilingual students was accepted. For the first time, a student from Ecole secondaire Franco-Cité in Sturgeon Falls was enrolled in Nursing Sciences at Canadore.

Canadore College's Policy on Bilingualism does not seem too favorable to the implementation of French-language courses. It simply states that, at the present time, there is a sufficient number of bilingual courses at Cambrian and at Algonquin and that, for the moment, authorities do not feel the need to implement any[1].

This attitude is rather negative and certainly fails to take into account one third of the population of the district served by the college[2].

NORTHERN COLLEGE, TIMMINS[3]

Northeastern Ontario is served by Northern College which offers, in addition to English courses leading to a diploma in Nursing Sciences, two allied courses (Sociology and Psychology) in French.

The college has already submitted plans to provincial authorities to establish, within a year or two, a bilingual programme in Nursing Sciences. At the present time, although the course is entirely in English, a considerable number of graduates are French-speaking (28 of 41 graduates in 1974). An interesting fact worth noting is that there were six Francophones among the nine nurses who took a special course in psychiatric nursing in 1974, while four of the 14 who took the course in 1975, were also French-speaking[4]. This is very important because of the drastic need of Francophones in psychiatric care.

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(1) - Canadore College: Policy Statement on Bilingualism to the Ontario Council of Regents - September 26, 1975.

(2) - Statistics Canada: Nipissing - catalog 92-773.

(3) - See also pages 237 to 239.

(4) - J.H. Drysdale - Statement to the Board of Regents - Sept. 15, 1975.

Northern College receives graduates from five French-language secondary schools in the Districts of Cochrane and Timiskaming with a total enrollment of more than 3,000. College authorities are aware of this high percentage and would like to implement a French-language course in Nursing Sciences.

The college has pointed out to us one of the problems related to such a course in French: clinical instructions. Apart from the limited space available in many hospitals, the unilingual English surrounding of most of these hospitals (Cochrane, New Liskeard, Kirkland Lake) does not lend itself easily to clinical instructions in French. We hope that hospitals will be able to accept the challenge which is created by a situation which is abnormal in a bilingual region.

We support the request made by the College in favor of French-language courses in Nursing Sciences.

It might also be possible to give a number of French courses for specialized care in psychiatry. It would be possible to train nurses from all parts of the province, wishing to specialize in an area where there is such a marked shortage of Francophone staff.

OTHER COLLEGES

It would neither be practical nor realistic to recommend courses in Nursing Sciences in other bilingual regions of the province. No other community college, be it in Cornwall, Windsor or Welland, seems to be interested in such a project. Nor are we sure of the number of candidates who would apply.

We have not studied it thoroughly, but we are advised that the Ontario Student Financial Assistance Programme includes travelling expenses among the expenses allowed for students and that it is fairly

easy, financially, for French-speaking students to go elsewhere if they wish to take nursing courses in Sudbury, Timmins or Ottawa.

The most important aspect is that community colleges implement an admission policy which will be fair to graduates of French-language high schools.

Niagara College made an interesting suggestion: that language courses be organized for nursing school students. It would be worthwhile to conduct courses in French medical terminology. Not only would these be useful for Anglophones who could learn basic terms in French, but they would also brush up the French terminology for Francophone graduates.

Such courses would be very useful in Cornwall, Windsor and the Niagara Region.

III - Registered and Certified Nursing Assistants — URSING ASSISTANTS

PRESENT STATUS

The services offered by nursing assistants in hospitals are also very important from a point of view of services in French in Ontario. These nurses are in contact with the patients and can also facilitate communication with them.

The course is shorter and is more easily accessible to married women and mothers wishing to return to work. Thus, it is normal that these courses be given in French in a larger number of places because candidates cannot conveniently travel elsewhere for their training.

Two of these courses are presently conducted in French: in Ottawa and Sturgeon Falls. Naturally, it is important that these courses be continued in both places.

In Ottawa, the course is given at St. Vincent Hospital. There does not seem to be any problem as to the future of this course.

Since 1952, the nursing assistants' training course in Sturgeon Falls[1] has graduated 429 qualified persons. Now that West Nipissing General Hospital is being built, negotiations are under way to affiliate the nurses' school to Canadore College in North Bay. The college already gives a similar English-language course at the North Bay Psychiatric Hospital.

Since Canadore's policy on bilingualism is not very favorable to French-language instruction, a number of persons have appeared before us expressing their fear for the future of this French-language course in Sturgeon Falls.

First, they fear that the school will be transferred as a whole to North Bay where, for reasons of economy, it will be assimilated into the English school.

Secondly, even if it stays in Sturgeon Falls, the danger of it becoming English is expressed under two aspects:

- the hospital board offers no guarantee for maintaining the French status: the bylaws contain nothing to that effect

- it could become possible that, for reasons of economy, the college decide to use the same teaching staff at the two locations. It is normal to fear that, in such a case, English would predominate since the college's orientation is English.

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(1) - See also pages 197, 198.

As previously mentioned, because of difficulties the students would encounter in travelling elsewhere for these training courses for nursing assistants, it is important that these French courses be of easy access.

IN SUDBURY

Sudbury has a Francophone population large enough to warrant the establishing of a registered nursing assistants' course. Cambrian College could easily organize a class which would be affiliated to Laurentian Hospital.

IN KAPUSKASING

We have noticed that there is a very marked need for courses for nursing assistants in Northeastern Ontario. Northern College advises us that, last year, a nursing assistant's training course was held in Kapuskasing for a class made up entirely of Francophones[1]. The course was given in English only. It seems that Kapuskasing would be the ideal place to organize a course in French. Northern College should name a local coordinator to look after publicity and recruiting of candidates.

We also recommend such a course in Timmins where there is obviously a great need.

At the present time, we limit our recommendations to where there is demand and where teachers are available. But, we hope that, within a few years, it will be possible to organize French-language training programmes for nursing assistants in Elliot Lake, Haileybury, Cornwall, Hawkesbury and possibly another course in Ottawa.

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(1) - Statistics - Northern College - Chart 13, page 238.

RECOMMENDATIONS:

R.31 . That the course leading to the Bachelor of Sciences in Nursing Sciences degree of the University of Ottawa become a bilingual course where:

. enrollment prerequisites will include proficiency in both French and English;

. classes would be given in French or English according to the language of the teacher.

R.32 . That Laurentian University in Sudbury give a French-language Bachelor of Sciences course in Nursing Sciences.

R.33 . That the Health Sciences Education Committee of the Ministry of Health and the Ministry of Colleges and Universities provide funds to Laurentian University and the University of Ottawa for the joint planning of French-language courses leading to Bachelor's Degree in Nursing Sciences.

That these funds be earmarked especially for:

a) - the translation, when needed, of teaching manuals,
b) - to the production of didactic and audio-visual teaching aids,
c) - the recruiting of French-language teachers.

R.34 . That graduates of French-language secondary schools in Ontario not be submitted to additional requirements in the English language for enrollment in health sciences courses in post secondary institutions of the province

R.35 . That Algonquin College continue to conduct its nursing diploma course in French and that the college also study the possibility of increasing its enrollment.

R.36 . In recognition of the high number of Francophone candidates and the marked shortage of French-language nurses in Northern Ontario, that Cambrian College in Sudbury and Northern College in Timmins give a French-language course leading to the Nursing Diploma.

R.37 . That St. Vincent Hospital in Ottawa continue to conduct the nursing assistants' course in both languages.

R.38 . That Northern College organize classes for nursing assistants in French, in Kapuskasing, Hearst and Timmins.

R.39 . That community colleges in Cornwall, Welland and Windsor give serious consideration to the possibilities of giving French medical terminology courses to help hospital employees provide better services to Francophones.

FRANCOPHONE PARTICIPATION

Throughout our report, we urge a more intensive participation by Francophones in matters relating to health services.

We are not accusing the Francophone population of being unconcerned. Rather, we occasionally notice a lack of leadership which weakens the status of Franco-Ontarians where they should be represented, or even where they should be asserting their rights.

Due to the small number of professionals and businessmen, these Franco-Ontarians are often without leaders who could group them together and form a common front.

The Ministry will not be able to cure by itself all the problems that we outline although a number of measures will probably be implemented by the authorities. But, other problems require the participation of the people concerned.

There is a large number of French-language groups which could participate. La Fédération des Femmes Canadiennes-Françaises, Le Club Richelieu, l'Union Culturelle des Franco-Ontariennes, l'Association des Enseignants Franco-Ontariens, are only a few of the many organizations working for the French culture. On the regional scale, there are hundreds of regional and local organizations which are fulfilling a deserving task for charitable causes.

Also, a provincial organization is regarded as the spokesman for Franco-Ontarians: the Association Canadienne-Française de l'Ontario. It is through its work in regrouping on a provincial scale, and its dynamism, that Francophones have acquired a number of rights.

We are convinced that it is time for ACFO to give rise to a common drive in favor of bettering French-language health services. The association must lead the way in that field. We do not expect it

to shoulder the entire burden, but we suggest that ACFO implement a concerted effort which will bring about a follow-up to our recommendations.

We recommend:

R.40 . That ACFO study our report and organize meetings to study ways of bringing about the implementation of the measures we recommend.

R.41 . That ACFO encourage and even devise the measures that can be taken to encourage Francophones to participate in the administration of health services.

R.42 . That ACFO, in its representations to the Ontario Government, make sure that the Ministry of Health implement, as soon as possible, a comprehensive French-language programme which will answer the needs of the French-speaking population of Ontario.

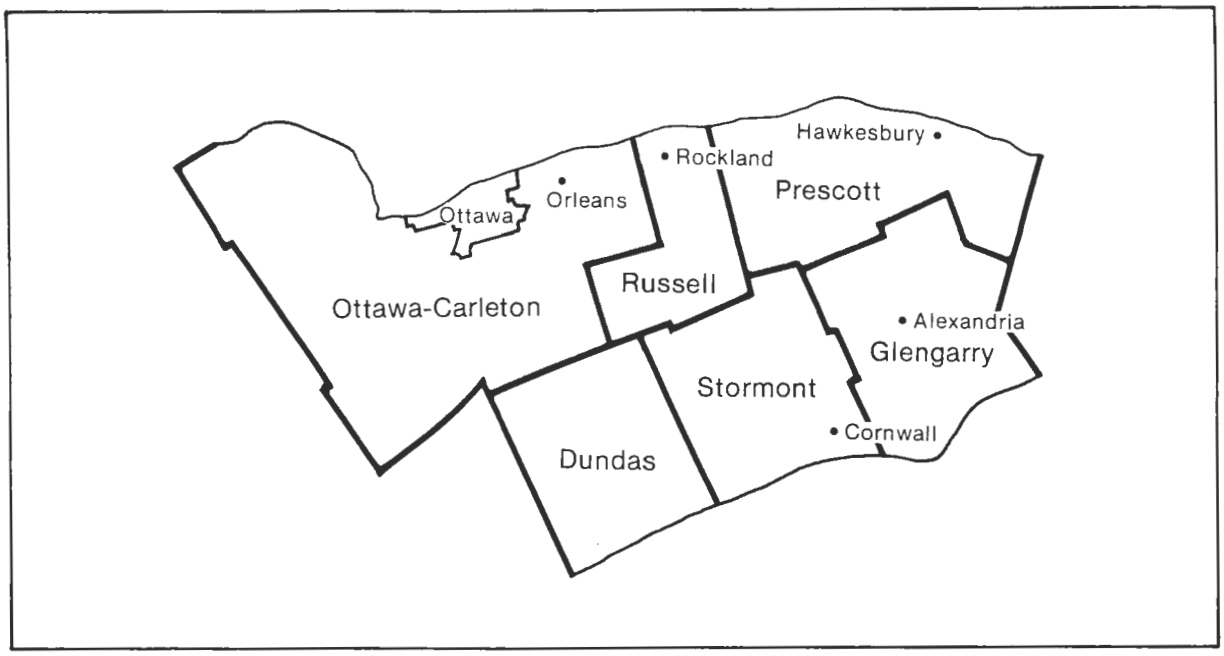
R.43 . That provincial volunteer associations study the scope of activities within which they can promote improvements to health services on provincial and regional scales.

R.44 . That regional and local organizations familiarize themselves with local needs and make sure there is a follow-up to recommendations affecting their areas.

PART TWO

IN THE REGIONS

Eastern Ontario



The Francophone population of Eastern Ontario is concentrated mostly in the Counties of Prescott and Russell where it represents more than 80 percent. But, most health services are provided from Ottawa, with a Francophone population of 20 percent or the Stormont-Dundas-Glengarry area where Franco-Ontarians represent less than a third of the population. Thus, the regionalization of health services causes a number of problems.

- Ministry of Health Map -

Map 2

OTTAWA-CARLETON

	POPULATION	FRENCH-SPEAKING	% FRENCH-SPEAKING
DISTRICT OF OTTAWA-CARLETON	471,930	97,975	20.8
Ottawa	302,340	62,235	20.6
Vanier	22,480	14,940	66.5

The National Capital Region is without any doubt the area in Ontario where Francophones are favored the most. In fact, the 97,975 French-speaking persons in this district, along with another 36,240 residing at their doorstep (in Prescott-Russell), represent approximately a third of the French-speaking population of the whole province. And, on the Québec side of the Ottawa River (Hull and Gatineau), there are approximately 150,000 Francophones, many of whom benefit from services available in the Capital.

Since it is the capital of a country which claims to be bilingual, a number of services offered by the Federal Government and the municipality are more readily available in the two languages. There, as in other areas, the Provincial Government is not overly concerned with bilingual services.

But, Franco-Ontarians in that particular area still do not benefit from the same quality of health services as their Anglophone counterparts.

Even if some of the institutions guarantee a higher level of services than Franco-Ontarians encounter in other parts of the province, there are not enough services structured to their needs and there is a

shortage of qualified bilingual personnel in many fields of activities.

These two shortcomings were felt in 1967. Following is what the Social Planning Council of Ottawa-Carleton had to say:

> "Regarding the available staff, we must stress here on a special aspect of the problem which has manifested itself very clearly in all services which we studied: the shortage of professionally qualified bilingual personnel. As long as we have not remedied to this shortage, our system of social services will not be able to offer our community welfare services which give full satisfaction. We must therefore try to recruit a bilingual staff and above all insist more that training be provided in the French language. Moreover, it is imperative that private organizations have a larger number of Francophone members on its board of administration(1)."

An Ottawa student even made this the subject of his thesis in 1975.

But, in Ottawa, it has been proven that bilingualism can effectively exist in public health services.

Training

The Francophone population of Eastern Ontario is sufficiently large to afford French-language education at most levels. Courses in French are given in university, college, as well as secondary and primary schools.

Unfortunately, the cycle is not complete in health disciplines. In fact, the University of Ottawa, which, according to its charter is a bilingual institution, does not give French-language courses in medicine, nursing sciences or health administration.

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(1) - Report on study of needs and resources - 1967 (our translation).

At the college level, Algonquin College offers some courses in French but the financial restraints and an insufficient number of candidates limit the availability of programmes.

Seven French-language high schools and four "mixed" schools provide secondary-school education in French to 7,000 students in Ottawa and Carleton.

At the primary school level, the Ottawa Roman Catholic Separate School Board provides French-language education to 10,500 pupils in 415 classrooms. In Carleton, there are 5,000 French-language students. Elementary school population of Prescott, Russell, Renfrew, Lanark, Stormont, Dundas, Glengarry, must also be taken into account when analysing prospects in post-secondary education.

University Of Ottawa

We do not intend to go into details on the role of the University of Ottawa regarding the French-speaking population of Ontario nor to discuss the institution's policy on bilingualism. We leave that to specialists in education and culture.

Since we are interested in health matters, we have based our observations on the Faculty of Medicine, the School of Nursing and the School of Dietetics.

We point out that the university has an important role to play towards the French-speaking population of Ontario in health services, and it must be fully accepted. 57 percent of the French-language high school students who plan to further their studies in university in Ontario hope to go on to this university[1].

a) - Faculty of medicine

The Faculty of Medicine of the University of Ottawa

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(1) - L'Avenir des Etudiants Franco-Ontariens - 74-75
- Ministry of Colleges and Universities.

ENROLLMENT IN THE FIVE FACULTIES OF MEDICINE IN ONTARIO - SEPT/75

(Franco-Ontarian candidates vs. other candidates, Ontarians or non-Ontarians)

	TOTAL	FRANCO-ONTARIANS	OTHER CANDIDATES	RATIO F.O./OTHERS
Population (1971)	7,703,105	482,040	7,221,065	1/14.9
Number of candidates (pool)	3,664	65	3,599	1/55.9
Number of candidates accepted	602	13	589	1/45.3
Admitted: % of pool	16.4%	20%	16.3%	1.2/1

ENROLLMENT AT THE FACULTY OF MEDICINE OF OTTAWA UNIVERSITY - SEPT/75

(Franco-Ontarian candidates vs. other candidates, Ontarians or non-Ontarians)

	TOTAL	FRANCO-ONTARIANS	OTHER CANDIDATES	RATIO F.O./OTHERS
Number of candidates (pool)	2,270	58	2,212	1/38.1
Number of candidates accepted	84	11	73	1/6.6
Admitted: % of pool	3.7%	18.9%	3.3%	5.7/1

(University of Ottawa Statistics)

Chart 11

CANDIDATES ENROLLED IN MEDICINE IN ONTARIO, IN 1975,

ACCORDING TO THEIR MOTHER TONGUE

	ENGLISH	FRENCH	OTHERS
MCMASTER			
Candidates	1,839	48	303
Registrants	94	--	6
OTTAWA			
Candidates	1,750	167	353
Registrants	54	24	6
QUEEN'S			
Candidates	1,720	42	311
Registrants	73	1	1
TORONTO			
Candidates	1,809	40	395
Registrants	185	1	52
WESTERN			
Candidates	1,561	30	276
Registrants	100	--	5
TOTAL*			
Candidates	2,942	181	541
Registrants	506	26	70

* Some students apply at more than one faculty.

CHART 12

is the faculty which accepts a significant number of applications from Franco-Ontarians (58 of 65 in 1975[1]. Last year, 11 of the 13 Franco-Ontarian candidates accepted in Ontario were enrolled at Ottawa.

Courses at the Faculty are exclusively in English although 24 professors out of 153 are French-speaking and 37 others can speak and understand the language.

Should the Faculty of Medicine decide to make some changes, the present situation could be improved

i) - if French-speaking professors were allowed to teach in French. University policy already grants them this prerogative.

ii) - if the new employment policy (stating that a professor wishing to become permanent must be bilingual) was applied by the Faculty.

iii) - if hospitals made all possible efforts to help provide clinical training in French.

The University does make an effort in regards to the enrollment of Franco-Ontarian candidates. Nevertheless, the ratio of medical students in Ontario is still one Francophone for every 45.9 of other groups[2]. And, we represent one-fifteenth of the population.

Franco-Ontarians, who for a long time have not received equal chance in Faculty of Medicine enrollments in Ontario and Québec, are not inclined to opt for medical schools. According to statistics given to us by the University of Ottawa, of the 3,664 applicants to the Faculties of Medicine in Ontario in 1975, one of every 55.9 was a Francophone. 20 percent of these

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(1) - Chart 11, page 118.

(2) - Chart 11, page 118.

(13) were accepted while 16.3 of the other groups were admitted[1]. The University of Ottawa accepted 11 of its 58 Francophone applicants or 18.9 percent while accepting only 73 of the 2,212 other candidates, or 3.3 percent[2].

Taking into consideration the most unfavorable situation facing Franco-Ontarians in that area, we must ask the University of Ottawa to make a very special effort.

R.45 We recommend that the admissions office of the Faculty of Medicine of the University of Ottawa take into consideration the great shortage of French-language doctors and the regional needs when selecting candidates.

As long as the University of Ottawa does not deem it advisable to make the Faculty of Medicine a French-language school of medicine, the university should establish as an admission requirement that the candidates accepted be bilingual so that courses be given in one or the other of the two official languages. That way, we will be assured that doctors trained at that university will be able to offer professional care to Franco-Ontarians.

One of the most practical ways and, we would say, one of the most viable ways is to:

R.46 Impose bilingualism as a condition of enrollment at the Faculty of Medicine of the University of Ottawa and we so recommend.

A high degree of interest has been shown toward French courses in Ontario high schools and, in three years, an impressive number of candidates would qualify in bilingualism tests which could be established by the University's Linguistic Department. The university would have to give previous notice and

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(1) - Chart 11, page 118.
(2) - Chart 12, page 119.

serious candidates would prepare themselves in high school and university before applying for admission at the school of medicine.

Then, the university, which has a number of bilingual professors, could form a bilingual faculty. French-speaking professors could teach in French and English-speaking professors, in English.

A similar situation could be created in clinical training where the two languages could be used for work and instructions.

R.47 We recommend that the Faculty of Medicine of the University of Ottawa become bilingual as soon as possible and that courses be given in French by French-speaking staff and in English by English-speaking staff.

b) - The School of Nursing

The School of Nursing of the University of Ottawa is unsure of the role it must fulfill in terms of the French-speaking population of Ontario.

The school has two programmes leading to the Bachelor-of-Sciences Degree in Nursing. Admissions in the two programmes in 1975-76 total 345. The first course, which lasts four years, accepts Grade 13 graduates and students with an equivalent standing. The second is a retraining course for registered nurses wishing to pursue their studies toward a bachelor's degree. It is a three-year course that can be taken part-time during a maximum eight-year period.

At that school, in 1975-76, 32 percent of the students in the basic course (84 students) and 23 percent (19 students)

taking the retraining programme were Francophones. In the four-year programme, there were 16 Francophones in the first year, 24 in the second year, 23 in the third year and 21 in the fourth year. In the three-year programme, there were three Francophones in year 1, three in year 2, eight in year 3 and six part-time. We note that there is, in these two classes, a decrease in Francophone registrations of from 40 percent in 1974 to about 20 percent this year. This is not timely in view of the shortage of French-speaking nurses in Ontario.

Courses in Humanities, Social Sciences and Biology are given in the two languages. As for clinical experience, it can be acquired in French, but, experience shows that, at the present time, this is practically impossible because of staff assignments and the availability of clinics where the working language is French.

In nursing sciences, all theory is taught in English, although in the first and second years, seminars and group discussions are conducted in the mother tongue.

Students are allowed to take their examinations in the language of their choice, but for all practical purposes, will a student be apt to take an examination in a language other than the one in which he or she learned the theory ?

Authorities have told us of problems in obtaining French-language manuals. This is compounded by the problem of finding French-speaking teaching staff. At the present time, 18 percent of the teachers (of 28 teachers) are "bilingual" and 11 percent meet the minimum linguistic requirements established by the university.

A few months ago, the Ministry of Colleges and Universities granted the school $30,000 to investigate the possibilities of hiring bilingual staff, to prepare audio-visual material and to subsidize the translation of classroom manuals for the first two years of the nursing course.

It is evident that serious problems will arise before the School of Nursing can become effectively bilingual. Authorities will have to work hard in an effort to find the ways of doing this. And the government will have to meet the increased monetary demands of such a project.

The most practical way, at the present time, is the same as in medicine: require bilingualism from all candidates. It does not impose insurmountable barriers for serious candidates since they have all means available to become bilingual. An ever-present barrier is removed for the French-language candidates: having to take all their courses in English. Finally, this would do a great service to the French-speaking population by providing them with services in their language.

In the Chapter on Training[1], *we recommend that the Health Sciences Education Committee offer special financial assistance to the university for the planning of bilingual courses, jointly with Laurentian University.*

We recommend:

R.48

. That the School of Nursing of the University of Ottawa become bilingual and that classroom instructions be given in the language of the teacher.

. That bilingualism be required as a condition of admission to the School of Nursing of the University of Ottawa.

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(1) - *See page 110, R.33.*

c) - *Department of Dietetics*

We have received an excellent presentation from the School of Dietetics and we congratulate authorities who have maintained bilingualism in its curriculum.

The administration of this department proves without doubt that bilingual programmes are feasible.

In the first-year enrollment, there is an even distribution of French and English students. The basic science courses given at the Faculty of Sciences and Engineering are offered in the two languages. Courses in Languages, Humanities, Business Administration, are mostly in English and given at the Faculty of Arts or the Faculty of Administration Sciences.

But, about 50 percent of the courses taught at the Dietetic Department are parallel courses in English or French. Some difficulties were encountered in obtaining French-language manuals and, in such cases, the professors themselves have prepared detailed summaries in the language of their teaching. Laboratory guides and directions are prepared for working sessions and are available in both languages.

We recommend that this situation be maintained, whether the department remain part of the Faculty of Arts or become part of the Faculty of Sciences.

R.49 We recommend that no decision be taken affecting the bilingual status of the School of Dietetics of the University of Ottawa.

d) - Other Health Disciplines

i) - Dentistry, optometry

In our remarks on the shortage of French-speaking personnel, we mention the shortage of dentists and optometrists. We recommend that the University of Ottawa study the possibility of creating faculties of dentistry and optometry.

We realize that the creation of two faculties represents a considerable task and that it requires time.

But, we cannot see any other way in Ontario to graduate a sufficient number of professionals able to serve the 482,000 Francophones in their own language.

Those who want to become dentists must apply for admission at Toronto or London. Very few are accepted.

Up to about 15 years ago, Franco-Ontarians received their training at the University of Montréal. Priorities have changed because of domestic requirements and that faculty, for all practical purposes, is now closed to Ontarians.

In optometry, the faculty in Ontario is in Waterloo. There again, very few Franco-Ontarians are presently enrolled.

While we would not blame this situation on discrimination against French-speaking people, we would observe that applications from these young people are few because they realize they will have to pursue their studies in English. They prefer to choose courses available in French.

That is why the University of Ottawa must give serious consideration to this request. We know it involves hard work and that it poses definite financial responsibilities. The

university will fulfill its vocation - the promotion of the French fact in Ontario - only when it will give Francophones of this province the equality of opportunities to which they are entitled.

The creation of these faculties should progress jointly with the plan for a French-Language Faculty of Medicine for the professional training of students from the French minorities of Canada outside Québec[1].

R.50 We recommend that the University of Ottawa study the establishment of a French-Language Faculty of Dentistry and a Faculty of Optometry in the long-range planning of its role vis-à-vis the French-speaking minority of this province.

ii) - Physiotherapy

A serious shortage of French-speaking physiotherapists is also evident. This science has assumed a greater importance in the past few years and services in French are practically non-existent. Authorities have had to recruit in other countries and this does not augur well for services in the French language.

There again, English-only professional schools of physiotherapy at the University of Toronto and the University of London create a language handicap for graduates of French-language secondary schools. A college of applied arts and technology offers such courses in Hamilton: we can understand that regional priorities in that area do not take into consideration the language factor.

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(1) - See pages 93, 94 - Recommendation 22.

We believe it would be possible for the Faculty of Medicine of Ottawa University to sponsor such a school. It is a project of considerable scope, but, it is not part of the purpose of a school of professional training ? And, it is a real need in Ontario.

We have already recommended the financial assistance required from the Province of Ontario[1].

R.51 We recommend that the University of Ottawa immediately undertake the study of a project for the establishment of a bilingual school of physiotherapy.

Algonquin College

When it was founded, Algonquin College adopted an official policy on bilingualism to answer the needs of the community it serves, namely the Districts of Prescott, Russell, Ottawa-Carleton, Renfrew, Lanark, Stormont, Dundas and Glengarry. The implementation of bilingualism must advance progressively in conjunction with the development of the French-language secondary school system, the number of applications and mainly, the number of enrollments which would result from this development.

The college has offered a French programme since its opening. This year, about 40 courses are taught in French in four divisions: Applied Arts, Commerce, Trades and Technology, and Health Sciences.

The Health Sciences Division, which was formed recently, intended to offer, in September 1975, courses in nursing

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(1) - See page 98 - R.28, R.29.

sciences, medical laboratory technology and respiratory sciences.

Of the 350 new students in nursing each year, 65 are enrolled at the Vanier School of Nursing where courses are given in French. There were 200 applications from Franco-Ontarians.

In medical laboratory technology, 38 Franco-Ontarians applied for the 18 places available.

In the dental technology programme, 28 Franco-Ontarians were enrolled among the 50 candidates selected.

Because of budget restraints and what the college terms "the fact that certain interministerial decisions were not taken", the college has been unable to offer three of the courses it proposed, in English and French: radiology, nurses' assistants' training and medical records.

There were six Francophones among the 27 applicants in radiology, 15 among the 53 candidates for nurses' assistants' training and five among the 25 persons interested in training in medical records.

The college recognizes its provincial vocation and has always accepted a large number of Franco-Ontarians from all parts of the province.

Because of the present financial situation of the College, the future of a number of French programmes seems uncertain. As the trend is to self-sufficiency and as a number of French programmes attract merely small groups, the survival is not assured and authorities fear a regression.

Throughout our report, we demonstrate a shortage of bilingual personnel in each of the health sciences, from the professional to the nurse and the technician. The main cause throughout the province is the shortage of available courses for graduates of French-language high schools. Here we face an abnormal situation where Algonquin College is eager to offer these courses, but is restricted by:

i) - an insufficient number of applications from Francophones

ii) - a shortage of funds.

The reason for the small number of applications, we are convinced, is the lack of information. Students are not informed of the human resources requirements in the health field and the availability of courses.

As for the shortage of funds, we must ask the government to increase grants for French courses until these courses are self-supporting. We are sure that, as soon as French-speaking students have the proper incentive to take up health sciences, there will be a sufficient number of applications to promote courses at all levels.

R.52

We recommend that the Health Sciences Education Committee (Ministry of Health and Ministry of Colleges and Universities) guarantee special grants which will ensure the whole range of courses in health sciences in French at Algonquin College, and this without minimum requirements as to the number of candidates.

R.53

We recommend that the Ministry of Health instruct the Director of the French-Language Programme to implement an intensive publicity campaign in French-language high schools of the province on:

. the promising future opened for bilingual health sciences specialists, largely evident from the expressed needs throughout the province;

. the availability of courses in all health sciences in community colleges;

. the students' financial assistance which allows them to take their course wherever they choose.

Professional Services

Ottawa is the most favored area in Ontario in the realm of professional services in French. But, while the French-speaking population represents 20.8 percent of the area's inhabitants, only 17.3 percent of the medical practitioners are able to speak French.

The most serious problem in professional care is without doubt the shortage of French-speaking specialists. Briefs submitted often mentioned this situation. The population feels this problem, hospitals and agencies face it with concern, and doctors themselves are aware of it.

A number of factors prevent us using figures to give an accurate picture of the situation in professional services in Ottawa: these must be pointed out when evaluating services to the French-speaking population.

. A number of doctors holding licences, French or English, are employed by the Civil Service. Although they are not in general practice, their numbers are included in the count for Ottawa.

. Ottawa is a university centre where there is a Faculty of Medicine. Professors at the university are licensed doctors and most of them are not in general practice. Residents and interns working only in hospitals are also part of the medical profession.

. We must note that the doctor-population ratio in the Counties of Prescott and Russell is quite low and explain that a number of people from the surrounding area are under professional care in Ottawa. And, since there are no special treatment centres in that area (and only two hospitals), Ottawa specialists serve Prescott-Russell where the Francophone population is well over 80 percent.

. French-language general practitioners and especially specia-

lists have a considerable number of patients from Québec.

But, in Ottawa, we find 46.5 percent of all the French-speaking doctors practising in Ontario (233 out of 505). And, if we consider the census figures, the whole area, including Prescott and Russell, makes up only 25 percent of the Francophone population of the whole province.

The four factors just mentioned, which are of a general nature, influence this situation. But, there is a cultural and linguistic factor which is even more important: the ambience and the language.

Ottawa is one of the very few places in Ontario where doctors are able to practise in French and even use French as their working language.

They are, for instance, able to dictate their case histories in French at three hospitals (Montfort, General and St. Vincent). Because of their considerably large number, they can frequently use French in consultations with their colleagues: medical staff, references, etc. Finally, because of the concentration of Francophones and because of their proximity to Québec, they have a more homogeneous French practice than elsewhere in Ontario.

But, even if the situation is more favorable, relatively more favorable than elsewhere in Ontario, evidence given us shows that French-language medical services in Ottawa are not at par with those received by Anglophones.

According to the medical profession, there area number of Francophone patients who prefer to "get by" in English. But, there is a large number who prefer to wait longer to consult a French-speaking doctor, usually overworked because of the demand. There is no lack of good intentions on the part of most Anglophone doctors who endeavor to get bilingual staff in their offices; some of them even learn French. The reverse problem is non-existent among French-speaking doctors as most of them speak English and have no problem understanding their English-speaking patients.

But, looking at bilingualism in the medical profession, we

realize that, among the specialities, the ratio of Francophone specialists to population is probably inferior to that of family physicians. Consequently, Francophones are less frequently served in their own language, as their illness requires more advanced and more intensive care.

We do not have figures to demonstrate this statement and the medical profession is not able to give us any. But, evidence received attests so highly to this that we cannot doubt its truth: 95 percent of the statements presented (227 out of 234) mention the shortage of specialists who can understand French.

The situation is particularly serious in psychiatry. Of 160 psychiatrists in Ottawa, 42 understand French. Of these, 32 are in the Department of Psychiatry of the University of Ottawa, leaving only 10 in private practice. This would be sufficient (26 percent) if they served only Ottawa; but these psychiatrists also serve the Counties of Prescott and Russell where the French-speaking population is well over 80 percent. We must also add to this the patients from Québec, who are, in large majority, French-speaking.

We have a fairly clear picture of the drastic need of pediatricians in our analysis of the care given at the Children's Hospital for Eastern Ontario(1).

Senior citizens give us a complete list of services where there are not enough specialists to give them professional care in their own language(2).

We conclude that although Ottawa has a better ratio of French-speaking doctors than elsewhere in Ontario, this number is still insufficient to give all Francophones professional services in their own language. The shortage is felt even more in medical specialities.

But we cannot suggest, at the present time, that Ottawa be included in the list of regions which are underserviced in French. We believe that:

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(1) - See pages 141 to 144.

(2) - See pages 154, 155.

. A number of other areas suffer from a much more serious shortage.

. There are, in Ottawa, a sufficient number of conditions favoring the establishment of medical professionals so that their numbers will increase as the situation improves in the training of bilingual professionals.

Hospital Services

Ottawa has three hospitals where Francophones can "feel at home": Montfort Hospital in Vanier, Ottawa General Hospital and St. Vincent Hospital.

But, the regionalization of services has impaired services in French in certain specialities. And, like everywhere else in Ontario, there are numerous problems for those who need psychiatric care. Efforts are made to improve the situation, but, in most cases, the constant shortage of French-speaking personnel causes most of the problem.

I - OTTAWA GENERAL HOSPITAL

Because of its history and its tradition, the Ottawa General Hospital (534 beds) has always been recognized as a bilingual institution. But, like everywhere else, they had never tried to establish the number of French-speaking patients before the start of our study. A sample survey showed at that time that 29.4 percent were unilingual in French, 49 percent were bilingual and 21.6 percent spoke English only.

We mentioned earlier in this chapter that health services in Ottawa must take into account the population from both sides of the Ottawa River. Recent newspaper reports have shown that a large number of Québec residents are hospitalized at the Ottawa General.

We have placed this hospital in the category where it rightfully belongs: among the bilingual hospitals with a French predominance. On this subject, we express an important concern:

> In view of the construction of the new Ottawa General Hospital in the near future in Alta Vista, we would like to be assured immediately that this hospital maintain its present level of bilingualism.

The hospital administration itself points out that, although all possible efforts are made to maintain a high level of bilingual services, problems still exist. We have also received a number of complaints showing that services in French are not always available.

On the medical staff, 40.2 percent of the doctors are bilingual. Being a teaching hospital, the institution receives residents and interns assigned by the university: only 40 percent of them speak French. We can easily imagine that it is difficult to offer professional care in French when 60 percent of the staff does not speak the language.

But, the problem goes further. Even if 50 percent of the staff is bilingual, occasions arise when shortages are felt. In certain areas, it has been impossible to obtain a 50 percent status in bilingualism. (Example: only 10 of the 22 employees in social services speak French). Over all, it has been possible to attain that level: 366 bilingual employees out of 676 in nursing services (54.5 percent). But, only 42.9 percent of the registered nurses are bilingual.

Elsewhere in the hospital, services in French are guaranteed: employee services, emergency, information, switchboard, accounting, purchasing.

The hospital board recognizes its role towards bilingualism and assures us that efforts are continuing, considering the factors which are beyond its control, to assure its clients the high quality of services they are entitled to.

Hospital authorities tell us of the problem of finding bilingual staff. So far, they have had to accept this fact, hoping however that teaching institutions, with the government's support, will solve these problems.

We have no recommendation to make in regards to this hospital. Some people have described it as "an example of perfection in the field of bilingualism". Others have said that services in French were not sufficient. Authorities place themselves in the middle: efforts are being made, but they have not yet attained a level of perfection.

It seems to us that the Board of Directors and the Administration recognize there is a problem and are trying to remedy it. But, the real prescription, we are convinced, will not be formulated at the hospital: it will be administered when educators and the government guarantee the training of bilingual personnel, at all levels of service.

II - MONTFORT HOSPITAL

Montfort Hospital is a community general hospital of about 220 beds where from 85 to 95 percent of the patients are French-speaking. It was established in 1953 by the Religious Order of the Daughters of Wisdom of St. Louis de Montfort to serve the French-speaking population of Eastern Ontario and has maintained its particular character, changing over to a lay board of directors of the Montfort Hospital Corporation, in 1969.

The French characteristic of the hospital has been recognized by all levels of government since its establishment. This was confirmed again recently when a 30-bed psychiatric unit was approved.

But the hospital is in danger of losing this characteristic of being a community hospital offering the whole range of medical services to Francophones with the regionalization of services: this was evidenced in September 1974, when the Pediatrics Department was removed to the Children's Hospital for Eastern Ontario.

Regionalization is the mark of an intelligent and well-ordained administration, but, for Montfort, it runs against the hospital's objectives: to adequately serve the French-speaking population of the area.

The principle of regionalization applies readily to a homogeneous population because nothing is affected whether treatment is received in one hospital or another, whenever the linguistic and cultural surroundings are the same. But, because of the special status of Montfort, that of serving the French population in its own language, it should be excluded from regionalization plans, with the exception of certain ultra-specialized services.

At the present time at Montfort, administration and medical care are conducted in French with no problems. In general, human resources are sufficient for an efficient communication and the level of quality is high.

The hospital policy is to continue to make every effort to find a bilingual staff. However, when the well-being of the patient is at stake, bilingual or Anglophone staff are hired, providing they promise to learn French. Such staff problems arise more often in physiotherapy and in technical departments.

But, the hospital is able to offer the Francophone population all the care it is entitled to, in its own language.

Despite a phenomenal increase in services during the past few years, a number of departments have not been enlarged.

Hospital authorities are concerned over the fact that a number of departments have gone beyond their functional limits: medical biology laboratory, emergency, radiology, and the surgical suite. Others are dangerously close to the limit: elevators, the sterilization centre, the obstetrical suite, the distribution centre, the infection prevention department and the medical library.

It would also be possible to offer additional services to complete the range of services to which the population is entitled: care for ambulatory patients with outpatient services in audiology, cancer detection, family medicine, family planning, ophthalmology, orthopedics, dental care, surgical and medical specialities, pre-natal visits, day care for surgical patients, social services to support outpatient services, electroencephalography.

An experts' report[1], released in 1970, recommended the

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(1) - Agnew-Peckham Report -

expansion of existing services and the establishment of new services: intensive care, psychiatry, services for ambulatory patients...
A three-stage building programme was drawn up.

In the first stage, the intensive care section (six beds) was established, and opened in 1974; a psychiatry department (30 beds) opened earlier this year, and two new elevators were placed into service.

In the second stage, existing services are being established in the space vacated (10,000 square feet) by the closing of the school of nursing.

The third stage will consist in implementing a master plan revolving around the surgical suite presently in use and taking into account the growth of the hospital and its role in regards to the French-language population. A role study of the hospital regarding the needs of the population was completed by the firm Agnew-Peckham, in December 1975. A master plan will be drawn up, based on this study.

During the past four years, the number of physicians on the staff of the hospital has increased close to fourfold and all these doctors serve French-speaking areas.

We recommend these immediate measures for Montfort Hospital:

R.54 . That consideration be given to providing a sufficient number of beds to Montfort Hospital to answer the needs of the French-speaking population.

. That the renovation of the present structures be allowed according to services which have to be offered and not in relation to the space which is presently available.

. That a new appraisal of costs be made according to the real needs and not according to the funds available.

. That regional and provincial planning take into account the special entity of Montfort Hospital.

. That Montfort be able to provide all services for a general hospital to fit the community it serves.

R.55 . As a long-term recommendation, we refer to the report of Montfort Hospital "Role Study/Master Program" prepared by Agnew-Peckham in December 1975.

III - CHILDREN'S HOSPITAL FOR EASTERN ONTARIO

Opened in May 1974, this hospital is encountering considerable difficulty in fulfilling the role that it has set for itself in regard to the French-speaking population of Eastern Ontario[1]. *A unique fact is that the hospital was able to obtain four million dollars from the public for its construction fund.*

But, in bilingual matters, success has only been partial. The administration of the hospital recognizes that

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(1) - "Most patients of this hospital will come from bilingual Francophone or Anglophone families in Eastern Ontario. Consequently, the hospital must have the necessary resources to meet the needs of these patients, be they of Francophone or Anglophone origin. Therefore, the hospital will be a bilingual institution." (Statement on bilingual policy, Feb. 18, 1969) - (Our translation)

services in French, at the present time, are inadequate and asks for support to conduct a language training course: 393 members of the staff indicated they would be available for such a course[1].

According to figures given to us by a professional practising at the hospital, approximately 50 percent of the children treated at the hospital or in the outpatient clinics have French names. We do not have any other statistics to support or deny these figures.

Let us make a general review of the situation:

STAFF:

Medical:
- 12 full-time pediatricians - one speaks French - one or two "get by"
- 5 physicians (non pediatricians) - two speak French
- Department heads: 8 - all Anglophones
- Interns and residents: 12 - three speak French

Nurses:
- Emergency: 17 out of 35 speak French (49.6 percent)
- Outpatient clinics: 9 of 18 (50 percent)
- Other services: 107 of 405 (26.4 percent)

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(1) - Letter to the Minister of Education - Dec. 19, 1975, by Mr. David Gowing.

Reception and secretariat

. 53 out of 85 (62.4 percent)
(This figure represents only the employees who are in direct contact with the public).

Child development clinic:

. Reception - 2 unilingual in English
. Pediatricians - 1 of 3 speaks French, the Director is unilingual in English
. Psychologists - 2 out of 3
. Speech retraining - 1 "gets by" in French
. Speech therapist - unilingual in English

Training clinic:

. Physicians - 2 unilingual in English

Psychology:

. Chief - unilingual in English
. Psychologists and Psychotechnicians - 5 out of 11
. Secretary - bilingual

Psychiatry:

. Community clinic: Professionals - 5 out of 11
Staff - 12 out of 20

We will not go into the details in auxiliary services. In general, some services are completely bilingual, others only partially and others have no bilingual capacity.

We do not believe that problems involving bilingualism at this hospital will be solved by language training courses: such courses serve in "bilingualizing" staff already hired, but, if there are serious intentions of offering bilingual services in French, the authorities must make a diligent effort to hire an already bilingual staff.

It is evident that recruiting qualified bilingual staff in health services is a difficult task. But, added to the shortage, there are a number of other factors which do not favor hiring bilingual staff at the Children's Hospital for Eastern Ontario:

a) - an administration which is of English culture probably does not fully understand the linguistic and cultural implications

b) - department heads, who are mostly unilingual in English, also fail to understand all the implications. Also, they usually return to the areas they know best to recruit personnel: necessarily Anglophone

c) - the concept of proficiency should recognize that the ability to communicate with the patients is a part of proficiency. Bilingualism is a proficiency and should be recognized as such rather than being an added clause stating: "when two persons are of equal proficiency, the bilingual person will be hired[1]".

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(1) - Statement of Bilingual Policy: December 18, 1969.

We classify the Children's Hospital as a Bilingual Hospital with English predominance, offering all bilingual services[1]. Suggestions and ideas formulated earlier should all enter into consideration in the implementation of bilingualism within this institution.

For this hospital, it is not sufficient to fill the basic requirements of bilingualism, but it is necessary to meet the needs, often very special, of a very special clientele.

IV - ST. VINCENT HOSPITAL, OTTAWA

St. Vincent[2], a long-term hospital, has a long history of devoted service to the French-speaking population of the area. The institution is administrated by the religious order of the Soeurs de la Charité d'Ottawa.

During the course of our hearings, we have not received a single complaint regarding this institution and this leads us to believe that services offered are effectively bilingual. But, we feel there is still a noticeable shortage of bilingual employees in certain departments.

In nursing services, there are only 25 Francophones out of 100. Among team leaders, six out of 14 are bilingual and among the head nurses, only two out of 8 are French-speaking. However, a good number of the nurses' assistants (48 out of 99) are French-speaking.

Three of five physiotherapists are bilingual, a very high ratio which is not duplicated anywhere else in Ontario.

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(1) - See pages 47 to 54.

(2) - 540 beds

What impresses us the most is that the hospital has shown a preoccupation for French and has found a French-speaking professional for each of the numerous specialities required by patients of the institution: bacterioly, cardiology, dermotology, gynecology, hematology, neurology, neurosurgery, ophthalmology, orthopaedics, otorhino-laryngology. pathology, plastic surgery, psychiatry, radioloy and urology.

The Board of Directors is of bilingual majority (13 out of 21) and the administration is entirely bilingual. In support services, (reception, office, switchboard), only 4 persons out of 24 are unable to speak French.

This is proof that it is possible to have a bilingual hospital to serve a bilingual area.

V - ROYAL OTTAWA PSYCHIATRIC HOSPITAL

Being the only psychiatric hospital in Ottawa, The Royal Ottawa (153 beds) has a duty to serve Francophones in their language. For many years, this has been an English hospital: we recognize that, despite the good intentions shown during recent years, this hospital still encounters considerable difficulty in offering bilingual services.

This does not reduce the need to pursue all possible efforts to give Francophone patients better services in their language.

There are six bilingual persons among 19 members of the hospital board. The administration however is entirely unilingual in English. The number of bilingual employees in the admitting office and at the switchboard is not sufficient to guarantec bilingual services.

In nursing care, only 11 of the 141 employees are able to speak French (8 of the 104 registered nurses). This service is headed entirely by unilingual English persons.

On a staff of 39 in social services, only three social workers and four other employees are bilingual.

Out of a professional staff of 42, only two persons (both psychiatrists) are Francophone.

In health sciences, the ratio of qualified persons able to serve Francophones is very low:

. physiotherapists: three out of 26
. speech therapists: one out of five
. rehabilitation: four out of five
. child care: three out of 47

The survey of personnel clearly shows that services in French must be improved. Testimony from people in Ottawa and Prescott-Russell attests to this.

Problems caused by this situation are as serious as conditions at the Children's Hospital. They are not as numerous as those in Brockville, for instance. But for the individual who cannot be understood, or for the family which is already distraught over the condition of one of its members and by the lack of understanding of one of its own, the problem is serious.

However, the Royal Ottawa Hospital has a bilingual mental health team serving Prescott-Russell. We are pleased with this initiative.

But, residential treatment is part of the disastrous situation we have found in mental health services throughout Ontario.

We recommend that the Royal Ottawa Hospital be a bilingual hospital with English predominance, but hope it will be considered in the study we are asking the Ministry to undertake of psychiatric care in French in the province.

We cannot lay the blame on this institution alone. The disease is too widespread and the cause is far too complex to involve one sector alone.

The study should establish a master plan for mental health care to Francophones in Ontario.

We can only recommend that an institution such as the Royal Ottawa Hospital take every measure at its disposal to improve, as soon as possible, psychiatric care to the French-speaking population.

VI - OTHER HOSPITALS

We recognize that other hospitals in the Ottawa area are English and have included neither Riverside nor Grace Hospital, nor Perley, nor Queensway-Carleton in our classifications.

But, because of the fact that Ottawa is a bilingual city, we would like to be assured that these institutions guarantee a certain level of bilingualism at the reception desk and in the emergency department. We know this situation. exists in some of these institutions.

As for the Civic Hospital, we also recognize that it is an English-language hospital. But, since specialized cardio-vascular surgery has been regionalized at that hospital, services in French should be required in this special care. We classify it as an English hospital offering specialized regional services.

We have not ventured into a study of the National Defence Medical Centre. We do not have any authority to pass judgment on the implementation of the Official Languages Act.

Other Services

Ottawa residents are served by an association which centralizes all efforts in the planning of social services for the city, the Social Planning Council of Ottawa-Carleton. For a number of years, this organization has been aware of the problems of bilingualism in social and health services. In fact, the report on a survey of resource development, published in 1967, mentioned the shortage of personnel and the importance of getting Francophones to sit on the board of directors.

A committee on biculturalism was formed in November 1975 to study these questions. In November 1975, the terms of reference were extended in order to:

- identify the problems concerning services offered (or not offered) to the French-speaking population;

- evaluate the difficulties of hiring Francophone staff and the low level of participation of Francophone volunteers to the board of directors and to the various committees;

- identify procedures and methods (among them language courses and a more enlightened recruitment) which it will be able to use in order to offer better services to the French-speaking population;

- promote the expansion of services to Francophones within the existing systems, if possible,

or as self-governing services wherever this is proven necessary.

To be able to fulfill its terms of reference, this committee has decided to make a thorough study. The committee hired a full-time researcher to carry out this task properly. They expect to publish a final report of the study by the end of the present year.

We are sure that such a study will delve thoroughly into social and health matters and will be able to establish more specific needs than we were able to do since our study spanned the whole province.

However, we have gathered a relatively complete picture of the situation concerning Francophones in Ottawa. Since we have already looked into the hospital services, we will not return to the subject, except for occasional comments. We will rather give a general outlook of primary and tertiary services available: to young people, adults and senior citizens.

Our observations involve psychiatry, emotional disturbances, crisis intervention and also, problems which are common to certain age groups.

We have already discussed re-arranging Francophone structures within the organizations, a procedure which is recommended by the Social Planning Council of Ottawa-Carleton. In fact, we quoted it as an example for agencies throughout the province[1].

CHILDREN AND ADOLESCENTS

As for disturbed children, those who have emotional problems, the mentally disturbed, those who require hospitalization, Ottawa is not privileged any more than other areas.

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(1) - See page 70.

Whenever they need special care, they are sent to other centres (at least 13 in Rouyn-Noranda, others in Montréal), or they are anglicized in Ontario institutions such as Smiths Falls, the "melting pot" for disturbed children. Efforts to establish a French-language class for them at Royal Ottawa Hospital have not been successfull. We consider this situation on a provincial level in the chapter on Exceptional Children[1].

From the very beginning, the French-speaking child faces a disadvantage. Psychological tests are conceived for Anglophones and most of the time given in English. Authorities seem unconcerned about the fact that these children are classified as mentally retarded without any further consideration and that the treatment given does not necessarily fit their condition.

We make an exception for the Rose Kennedy School for semi-trainable where French classes are held.

Ottawa has an Anglophone organization "Association for Children with Learning Disorders", but we have not been able to find its French-language counterpart.

The Ottawa Branch of the Canadian Mental Health Society has no French structures as such. Persons involved tell us that services to the Francophone population are "tragically lacking". But, the language used in all phases of its activities is English and this explains the apathy of Francophones who do not join the group in great numbers. A French-language sub-committee has been proposed and success will probably ensue.

ADOLESCENTS

The Social Planning Council is the parent organization of the Youth Services Coordinating Committee which, in

(1) - See pages 37 to 42.

turn, has a French section. This committee coordinates services to the young people, analyses the services, describes the needs, undertakes research and looks after information and training.

As the major problem, the group lists the lack of French-language psychiatric services at all levels which we have already mentioned. The ratio of Francophone specialists able to provide care for problems in mental health is inferior to the one we find serving Anglophones.

There are no Francophone homes for rehabilitation for patients who have received psychiatric care. A number of these have some bilingual staff, but none of them offers services entirely in French.

Ottawa does not have any French-language crisis intervention centre for young people who have emotional traumas or crises caused by drug abuse.

The lack of a residential treatment centre for Francophone teenagers suffering from emotional disturbances is also felt. We can well imagine the number of hardships arising, for instance, when a young person has to be sent to Rouyn-Noranda.

We are sure that the study undertaken by the Biculturalism Committee of the Social Planning Council of Ottawa-Carleton will make sensible recommendations to foster improved services for the young people. We immediately give our support to recommendations which will involve three aspects:

1) - The establishment of transition centres or a group home for former psychiatric patients;

2) - The establishment of a French-language mental health centre in Ottawa or at least the establishment of a French-language section within one of the existing centres;

3) - The establishment and the subsidizing by the province of a crisis intervention centre for French-speaking adolescents in Ottawa.

ADULTS

What more can be said about services to French-speaking adults other than what we have already mentioned concerning the whole province ? Services at the Ottawa General, at Montfort and at St. Vincent are adequate, but, for long-term care, French-speaking patients may be sent to hospitals where all services are given in the English language.

As for professional services, the situation is similar. There seems to be a sufficient number of professionals in general practice to look after the medical needs of those who require services in French. This means that it could occasionally be difficult to find a French-speaking physician who will accept new patients, but our study reveals that the problem is not extremely serious in Ottawa.

There again, we must return to the problem of psychiatric services in Ottawa. In fact, adults do not have a choice: most of them are placed in the "linguistic bag" we have mentioned earlier when dealing with psychiatric care in Ontario. Those who have to be placed in an institution are sent to Brockville for long-term treatment, or at the Royal Ottawa Hospital, for short-term treatment. A limited number of these will be hospitalized at the Ottawa General which offers French services, but where the department is overtaxed or to Montfort Hospital which has to limit its care to 30 patients.

Unless the diagnostic and the assessment are made at the General or at Montfort, they are always conducted in English, sometimes through an interpreter. In Brockville, if a patient is not found to act as interpreter, the newly-admitted patient may be classified in a category which does not fit his condition. Without this, the assessment could be delayed indefinitely...

The choice of homes for the rehabilitation of former patients does not always respect the French culture.

The Mental Health Association is planning the establishment of a home for rehabilitation for Francophones, but this will depend on the availability of a French-speaking social worker.

The Alcohol and Drug Research Foundation does not make any effort to serve the French-speaking population: it has ont its staff only one French-speaking person to serve all of Eastern Ontario. Services in French in rehabilitation centres are practically non-existent for men and totally non-existent for women.

We can only deplore such a tragic situation. This again supports our request for an inquiry into psychiatric care for Francophones in Ontario.

SENIOR CITIZENS

The Ottawa Council on Aging was formed in April 1975. Among its objectives are the establishment of an information centre to inform senior citizens of services offered to them, providing a place for meetings and exchanges between organizations, exposing the needs of the senior citizens and pressing the community to answer these needs.

One of the seven standing committees looks after the interests of Francophone senior citizens. One member of this committee sits on each of the six other committees. This method seems appropriate since the group shows a great deal of dynamism and has a large number of active members.

In primary care, senior citizens seem well served (hospital emergency, nursing homes, retirement homes, family physicians). But they feel there is a shortage of speech therapists and audiologists who can speak French.

In secondary care, they note they are satisfied with the level of bilingualism at the three bilingual hospitals (General, Montfort, St. Vincent), but state that French services are few in physiotherapy and dietetics.

But, they encounter special problems on the tertiary care level, in specialized services. They mention a few: heart surgery, neuro-surgery, radiotherapy, physical rehabilitation. Ottawa, at the present time, does not have any French-speaking prosthetic specialists or orthotists.

As for ultra-specialists' care (amelitis, dysmelitis, etc.), French-speaking people have access to provincial and national centres which may or may not have services in French, according to the locality (Toronto, Montréal, Manitoba...).

It is evident that the problem is the common one: a shortage of institutions and specialists able to offer the complete range of French-language services to the senior citizens of the Ottawa area.

COUNTIES OF PRESCOTT-RUSSELL

	POPULATION	FRENCH-SPEAKING	% FRENCH-SPEAKING
COUNTY OF RUSSELL	16,285	13,645	83.8
COUNTY OF PRESCOTT	27,830	25,595	81.2

The French-speaking population of the united counties is well over 82 percent. Of these, 41 percent are unilingual in French or speak very little English.

The population which is of strong French predominance, has very special problems in the field of health services. These are caused by the fact that the area does not have large urban centres where headquarters of health agencies or institutions offering specialized services can be located. In one word, there is a lack of self-determination: a number of services are either given elsewhere or, if given in the county, are dependent on an administration which is located outside the area. In both cases, there is a lack of understanding of the French culture and the language.

Generally speaking, we can say that shortcomings in services which are given within the counties are not numerous. But, there is a number of difficulties in specialized care, at home and in institutions.

The Medical Profession

A glance at the charts would lead us to believe there is a shortage of professionals in Prescott-Russell: one doctor for 1,809 inhabitants of Prescott, and one doctor for 1,465 persons in Russell.

Such a figure must be explained.

First, because Ottawa is so close, a number of persons from the area, particularly in the western sector, receive medical attention in Ottawa. People from the County of Russell and from part of the County of Prescott consider Montfort Hospital as "their hospital".

Also, because there are very few specialized clinics in the area, very few specialists practise exclusively in the eastern part of Prescott-Russell. But, professionals giving specialized care to the residents of that area are located in Ottawa.

Consequently, figures relating to professional services offered in the United Counties represent only part of the medical services available in that area.

There are some communities which, at the present time, do not have a doctor. As the majority is French-speaking, Francophone doctors should be encouraged to practise there.

Vankleek Hill is already listed as an Underserviced Area[1] and, because of its high majority of French (56.5 percent), we recommend:

R.56 . That Vankleek Hill be included in the Regions which are Underserviced in French.

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(1) - See pages 88 to 90.

Hospital Services

1 - HAWKESBURY GENERAL HOSPITAL

This hospital was established many years ago to serve the population of the area and fulfills its role remarkably well, having a French ambience, as well an administration and personnel which are bilingual.

In view of the construction of a new hospital in the near future, we hope it will become a community hospital, with all the required services.

We have classified this hospital in the category of French hospitals offering bilingual services.

2 - SMITH HOSPITAL, HAWKESBURY

This small hospital owes it to itself to have an English atmosphere since it exists to serve the Anglophones. Services there, however, are bilingual. We have no recommendation to make in regard to this hospital and hope it will continue to fulfill its role in the community.

3 - MONTFORT HOSPITAL, VANIER

We have more detailed remarks regarding this hospital in the preceding chapter on Ottawa-Carleton[1] where it is located, but we must refer here to the services the institution renders the whole Francophone region of Prescott and Russell.

Doctors in Orleans, Casselman, Embrun, Rockland and Clarence Creek are on the medical staff at Montfort. This is easily explained by the geographical location of the hospital as well as the cultural and linguistic surroundings at the institution.

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(1) - See pages 138 to 141.

There is also a large number of Nursing Homes (460 beds) and senior citizens' homes (135 beds) in Russell. Whenever residents of these homes require hospitalization, they are brought to Montfort.

This Francophone clientele from Prescott-Russell gives further credence to claims that Montfort is not large enough to answer the needs of the population it serves and that expansion should come in the near future.

We believe that the new psychiatric department opened at Montfort this year can render valuable services to the population of Prescott-Russell. Not only will it provide psychiatric care at the hospital, but we believe it would be logical that the mental health team which we recommend for Prescott-Russell be attached to this hospital.

R.57 .. We recommend that a mobile multi-disciplinary psychiatric team be instituted in cooperation with the Psychiatry Department of Montfort Hospital to serve Prescott-Russell.

The Health Unit

The area is served by the St. Lawrence and Ottawa Valley Health Unit with headquarters and administration located at Cornwall.

We point out at the outset, that this health unit is trying hard to serve Francophones properly in their language. It does its utmost to hire the bilingual personnel needed. In Prescott-Russell, local offices are located in Rockland, Casselman, Alexandria and L'Orignal.

The number of bilingual employees (33 of 63) shows that services by the unit are entirely bilingual in areas of French predominance. All forms are translated and available in

French and most of the literature offered by this agency is available in French.

But, the Director is unilingual in English and is not in a position to understand the cultural and linguistic aspirations of a French-speaking population of such high density.

A problem of distances also exists: special teams (dental hygiene, for instance) have to travel from Cornwall to Rockland, a distance of 80 miles.

We studied a recommendation that a district health unit be established in Prescott-Russell. It is logical to believe that a local health board representing the ethnic reality, would be in a better position to understand and to serve adequately. It would also be to the advantage of the area to have an administration which would be of the same language and culture as the majority of the population. A head office located in the area could centralize a more adequate range of services.

But, the reality of numbers tells us that a health unit for a population of 45,000 might become a disadvantage. Would they have to reduce the scope of services ? We have asked ourselves the question and have come to the conclusion that it would be preferable to preserve the present geographic statusquo, providing certain requirements are met:

R.58 . That an assistant director, who is of French language and culture, be hired to be in charge of services in Prescott-Russell, with his office located in this area;

R.59 . That a representation of at least 50 percent be guaranteed for Francophones on the St. Lawrence and Ottawa Valley Health Board;

R.60 . That assurances be given that services in French will continue to be given in the United Counties of Prescott-Russell and, for this reason, that preference be given to the hiring of bilingual personnel.

Mental Health

Mental health services in Prescott-Russell seem to lack in overall planning. This is undoubtedly due to the fact that the services and the administration, in all cases, are provided from outside the area.

Our general feeling is that the population of Prescott-Russell suffers from the same afflictions that we outline in our report in regards to mental health services for children, adolescents and adults. All provincial programmes which fail to give consideration to the needs of the French-speaking population affect enormously the quality of services given to the Francophones of this region, not so much in general services as in special services and institutional placement which depend on outside agencies.

A - REGIONAL MENTAL HEALTH TEAM

This team is one of the three such units formed two years ago by the Royal Ottawa Hospital to offer a wide range of services to children and adolescents. The team working in Prescott-Russell is mobile and bilingual. It offers consultation, diagnosis, treatment and rehabilitation services.

After completing some 1,000 consultations and after visiting about 200 homes, the members of the team have come to realize that quite a few services are lacking in diagnosis, treatment and prevention.

In the diagnosis, it is impossible to give an assessment of language problems, perceptual problems, or in neurology, psychometry, or learning problems. More than 340 assessments had to be made elsewhere.

The scope of treament is incomplete, although it includes individual and group therapy, school counselling, parents' counselling and behaviorial therapy. There again, 340 children had to be referred and 112 had to be placed in residence elsewhere.

In the prevention programme, the team attempts to prevent the pathological outburst and detect the difficulties.

All the problems we outline in the chapter on Exceptional Children[1] and in our remarks concerning the Royal Ottawa Hospital[2] and the Smiths Falls Hospital[3] affect the care given to the children of these counties. These problems are more intense due to the fact that, at the present time, there is no local outlet: all cases, without exception, are affected by conditions existing outside the united counties.

B - ROBERT SMARTS CENTRE

After meetings with the administration of the Robert Smarts Centre in Ottawa, an official request was made a year ago to the Ministry of Health for the establishment of such a Centre in Plantagenet in order to accommodate French-speaking children and adolescents who are emotionally disturbed.

Ministry officials favored this project and the planning was proceeding well until monetary restraints in health matters were announced in Ontario.

The project is presently at a standstill.

R.61 We recommend that the Ministry of Health immediately approve the funds for the establishment of a Robert Smarts Centre in Plantagenet.

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(1) - See pages 37 to 42.

(2) - See pages 146 to 148.

(3) - See pages 41,42.

C - THE PRESCOTT-RUSSELL WORKSHOP

The Workshop, a public service in work rehabilitation, looks after adults between the ages of 18 and 45, who are classified as socially handicapped. They are led through a stage of conditioning and rehabilitation, by a gradual readaptation to the discipline of the surrounding.

Psychological, psychiatric and medical evaluation are often required. Therein lies the problem of medical examination in English in Ottawa or Cornwall, or the psychological and psychiatric consultations mostly at the Royal Ottawa Hospital or at Brockville, in English most of the time. The patient may be placed in an institution, in Smiths Falls, where he undoubtedly will forget his language, or in Toronto where the Ministry's services to Develop Mentally Handicapped Persons are English only. We can imagine the problems and we have been informed of a number of these cases which confirm this.

D - CARE FOR ADULTS

All mental health care, with the exception of the 45-bed psychiatric residence home in St. Pascal, rely on specialists, services and institutions from outside the counties.

Most of the patients requiring long-term hospitalization are sent to Brockville. We will not repeat what has been said about conditions in Brockville[1]: we have a good many briefs describing the serious problems encountered by residents of Prescott-Russell at that institution.

For adults as for young people, linguistic problems in mental health care are encountered at all stages: detection, diagnosis, treatment and prevention. It is practically

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(1) - See pages 31 to 33, 153.

impossible to obtain the whole range of these services entirely in the French language.

E - OTHERS

We received a number of briefs on the problems encountered by those who are working with alcoholics, drug abusers and by those who deal with juvenile delinquency.

In these areas, as elsewhere, the problem is with French-language psychological and psychiatric services. French-language social workers are available and they do a commendable job, but their problems are similar to those encountered by people who work in other mental health areas: they must call on specialists from outside the counties and they do not obtain all the needed services in French.

These services should be included in the planning that we recommend:

R.62 . That the Ministry's French-Language Programme offer the leadership needed to encourage a well-organized approach to planning in mental health services at all levels, in the United Counties of Prescott-Russell. That this planning give consideration to the linguistic and cultural needs of the French-speaking population of the area.

R.63 . That a multi-disciplinary mental health team be formed in the United Counties of Prescott-Russell to give the whole range of home care services to the French-speaking population. That this team be attached to Montfort Hospital,

according to our recommendations[1]! That the team be made up of the following trained personnel: a psychiatrist, a psychologist, a social worker, a nurse specially trained in psychiatric care and a secretary.

R.64

. That a Mental Health Coordination Committee be formed to look after the coordination of mental health services offered in Prescott-Russell;

That the committee be made up of:

. representatives of the medical profession

. municipal representatives

. representatives of the various organizations which are looking after the health and welfare of the citizens - v.g. the Workshop, Inter-Services, Red Cross, Cancer Society, etc.

. representatives from hospitals, nursing homes, homes for the aged.

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(1) - *R.57, page 159.*

COUNTIES OF STORMONT & GLENGARRY

	POPULATION	FRENCH-SPEAKING	% FRENCH-SPEAKING
COUNTY OF STORMONT	61,300	20,605	33.6
COUNTY OF GLENGARRY	18,480	8,165	44.2
City of Cornwall	47,120	18,165	33.6
Town of Alexandria	3,240	2,160	66.7

Our public hearing in Cornwall gave rise to a considerable amount of interest in French-language health services on the part of people from the Cornwall and Alexandria area.

A provisional committee made up of people from Cornwall, Alexandria and Crysler conducted its own mini-survey, obtaining opinions from 642 persons in the Counties of Stormont and Glengarry. We also received support from the school boards, the medical profession and the administration of the hospitals and the health unit.

We are happy to have raised interest in a situation which is often felt but where the reaction is very seldom recorded.

We hope this awareness programme will continue. The provisional committee should pursue its action. Since our recommendations alone will not bring about all the solutions, Franco-Ontarians in Stormont-Glengarry must continue to be heard.

Hospital Services

1 - HOTEL DIEU HOSPITAL - CORNWALL

Francophones in Cornwall have always considered Hotel Dieu Hospital (212 beds) as their hospital and a brief survey we conducted this year indicated that, at that time, 60 percent of the patients were Francophones.

Statistics given us by the hospital administration would indicate sufficient bilingual staff to assure adequate French-language services. But, information received during our public hearing shows a less encouraging picture: a lack of French services in emergency and cardiology and insufficient services at the reception desk as well as radiology.

Our survey reveals that 72 of the 120 registered nurses and 10 of the 25 nursing assistants are bilingual. We therefore have reason to believe that the staff could be distributed in a more efficient way on different teams and shifts in order to assure French services at all times.

One of the requirements we would impose to the bilingual with French predominance classification (Category II) which we recommend for Hotel Dieu is that the hospital appoint a bilingual patient spokesman. This undoubtedly needed in view of the present situation where the hospital board tells us they receive very few complaints regarding language. However, complaints addressed to us were numerous. Moreover, 68.8 percent of the Francophones questioned in the survey on their level of satisfaction in health services have indicated that "they are not served in French" in Cornwall.

Another item we would like to point out: Hotel Dieu has authorization forms and a number of other pamphlets in French: we saw some of the samples. But, we received complaints from people who believed these were non-existent. It's a question

of offering them rather than having them available in case anyone asks for them.

2 - CORNWALL GENERAL HOSPITAL

The Cornwall General Hospital, which is not considered a bilingual hospital seems to make certain commendable efforts to serve the French-speaking population adequately. However, the level of bilingualism is not satisfactory.

We must classify this hospital as bilingual with English predominance[1]. Bilingualism is a must especially in the Psychiatry Department. At the present time, there is no bilingual psychiatrist. We are told that three of the five psychologists are bilingual, but only one of the four speech therapists speaks French. Authorities admit they must often rely on the services of interpreters.

In nursing services, nearly one third of the 120 graduate nurses and the 25 nursing assistants speak French. There is however only a minimum number of bilingual employees at the reception desk and in the admitting office. At this hospital, as in many other places, no one on the staff of four physiotherapists is able to speak French.

3 - MACDONELL MEMORIAL HOSPITAL - CORNWALL

About one third of the patients of this long-term hospital, MacDonell Hospital (123 beds), are French-speaking. There again, there is only a minimum number of bilingual employees in administration and in the admitting office although there is a sufficient number of bilingual employees (4 of 6) at the reception desk.

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(1) - See pages 47 to 59.

MacDonell Hospital should fill the requirements of a bilingual hospital with English predominance (Category III)[1].

4 - GLENGARRY MEMORIAL HOSPITAL - ALEXANDRIA

We are disappointed at the very low level of bilingualism at the Glengarry Memorial Hospital in Alexandria. And, the institution serves a town which as a 66.7 percent French population and an area where the proportion of French population is over 40 percent.

Numerous departments are short of bilingual staff: nobody in physiotherapy, a single bilingual person out of four in emergency, and one only out of three in radiology. However, the admitting office and the reception desk are bilingual. But, only seven of the 20 registered nurses and five of the 13 nursing assistants are bilingual.

The administration is totally unilingual in English, but 11 of the 17 persons on the hospital board are bilingual (six English bilingual and five French bilingual).

This institution has a long way to go to attain the status we propose, bilingual with French predominance, but we believe it is a necessary condition because of the linguistic requirements of the population served.

The Health Unit

We have been favorably impressed by services offered by the health unit which serves Stormont, Dundas, Glengarry, Prescott and Russell. We comment on some of the services in the chapter on Prescott-Russell[2].

It seems that authorities have hired the staff which will assure this service. In fact, we have received very few unfavorable comments about services given in Stormont and Glengarry.

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(1) - See pages 47 to 59.

(2) - See pages 159, 160.

We recognize the difficulties the health unit encounters in fulfilling its task. It serves a wide region where the population is far from homogeneous: some places are of high French predominance (Prescott-Russell) while others, say, Dundas, are of Anglophone majority. Distances (Cornwall to Rockland: 80 miles) certainly create some problems which are hard to overcome.

The board of health, made up of nine persons, has four French-speaking members, which seems sufficiently representative of the linguistic makeup of the population. Thirty-three bilingual employees on a staff of 63 seems acceptable. Twenty of the 27 employees in support services are also bilingual.

Visits in French schools are conducted in French. All literature printed by the health unit is bilingual. We are even assured that job interviews are conducted in either of the two official languages.

We are not yet convinced that the health unit fulfills all the requirements we ask the Ministry to legislate,[1] but we are assured of the good will of the regional health board.

Professional Services

There is an over-all shortage of French-speaking professionals in the area. Services in French are not guaranteed, particularly in medical specialities. In the City of Cornwall, it is very difficult to determine the exact number of professionals able to adequately communicate in French because there are different interpretations of bilingualism. Some have given us a figure of 37 out of 81, while others reduced it to 19. Our detailed study reveals there are 18 doctors "able to receive and transmit all communication, oral or written, in the French language". In the district there are four more.

The provisional committee formed by ACFO to inquire into French-language services gave us a report on the "level of satisfaction" of Franco-

(1) - See pages 60 to 62.

phone regarding health services offered in the area. This study reveals the greatest shortage of Francophone professionals exists in Cornwall and in the Crysler areas. Moose Creek was also mentioned, but we have since learned that the doctor who has a part-time office in that community speaks French very well.

In Alexandria and North Lancaster, the "level of satisfaction" seems to be higher. It is the need for specialists which is mostly felt as indicated by 73.8 percent of the people questioned.

Psychiatric consultations in French are particularly difficult because of the absence of French-speaking psychiatrists in the Psychiatry Department of the Cornwall General Hospital.

On the basis on the ACFO report and our own surveys, Lancaster and Cornwall need a comprehensive programme to improve French-language health services. That is why we place this area in the Programme for Regions which are Underserviced in French. For that reason, we also urge the persons who have been active in the committee to continue their work.

Training

In the Cornwall area, the St. Lawrence Community College does not seem to maintain the level of French-language education we find in elementary and secondary schools.

In the elementary level, there is a complete range of courses in French given to 6,314 students in 15 schools.

On the secondary school level, 2,665 students are enrolled in French language classes offered in six schools at Cornwall, Alexandria, Charlottenburg-Lancaster and Avonmore. Only the Ecole Secondaire La Citadelle in Cornwall is a homogeneous French-language High School.

The Cornwall campus of St. Lawrence College was officially designated as bilingual in 1974 and, in that capacity, receives special provincial grants.

The Health Sciences Division gives all theory courses in Nursing Sciences, in English. But, French-language discussion groups are held for Francophone students.

It seems that French-language courses at St. Lawrence College are few. However, some courses in mental health counselling, medical laboratory, dental care technicians and assistant therapists, dental office assistants and dental nursing assistants are offered in French.

We note that admission to nursing sciences programmes require two credits in English out of the third, fourth or fifth year. This means there is an English-language requirement for admission. It is easy to see that such a requirement made for English-language high school graduates is not favorable to graduates of French-language secondary schools.

The Cornwall campus of the college could render a French-speaking population by giving language courses and medical terminology courses in French. This recommendation is already included in the chapter on the Training of Nurses[1].

We recommend:

R.65 . That St. Lawrence College drop its English-language requirements for the admission of French-language high school graduates in the nursing sciences programme at Cornwall.

R.66 . That St. Lawrence College endeavor to include a larger number of French-language courses in its nursing sciences programme on its Cornwall Campus.

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(1) - See pages 106,107,110 - R.39.

NIAGARA PENINSULA

	POPULATION	FRENCH-SPEAKING	% FRENCH-SPEAKING
St. Catharines	109,725	3,760	3.4
Niagara Falls	67.165	2,095	3.1
WELLAND	44,395	7.590	17.1
Port Colborne	21,420	1,765	8.2
Cities and Towns	90,745	1,755	2.3
Townships	13,885	150	1.3

The Niagara Peninsula is a geographical entity which is well demarcated by the Lakes (Ontario and Erie) and is situated close to the United States where the English and American influences are very obvious.

The 17,000 Franco-Ontarians there, who represent only about five percent of the population, are submerged in an English surrounding.

However, an important group of French-Canadians living in the City of Welland represent from 18 to 20 percent of the population of that community.

According to the Federal Government's criteria, the City of Welland should be recognized as a bilingual community and most of our remarks concern that area.

Hospital Services

The Niagara area is served by six hospitals where very few services are offered in French. The survey questionnaires which we sent out were filled out by only three of these institutions.

1 - WELLAND COUNTY GENERAL HOSPITAL

Since the Welland County General Hospital serves a population with about 20 percent French population, it would be normal that this hospital be considered a bilingual hospital with English predominance [1] where communication should be guaranteed in each department at all times by at least one bilingual person.

But, this is not the case for the Welland County General Hospital where there is not a single French-speaking person in admitting or at the reception desk. In emergency, there are two bilingual nurses on a staff of 24, which is highly insufficient to assure bilingual services at all times.

There is very little French in the Psychiatry Department of Welland General Hospital; no French-speaking psychiatrists, psychologists, or social workers; authorities advise us it is very difficult to recruit bilingual staff.

We recognize that the only substantial Francophone concentration in the Niagara Peninsula is in Welland where there are approximately 8,000 persons who speak French.

And, for that reason, we recommend:

R.67 . That the Welland County General Hospital be designated as a bilingual hospital with English predominance offering bilingual services as

(1) - See pages 47 to 59.

designated in the programme for general hospitals that we suggest to the Ministry of Health[1].

R.68 . That authorities in the Psychiatry Department of the Welland General hospital be made aware of the need for French-speaking staff and require bilingualism as a condition of employment for a designated number of employees in that department to guarantee quality of services offered to Francophones.

2 - PORT COLBORNE GENERAL HOSPITAL

The Francophone population of Port Colborne (8 percent) does not allow us to designate this hospital as a bilingual hospital, but:

R.69 We still recommend that there be a translation service available in case it is required for unilingual French patients.

3 - OTHER HOSPITALS IN THE AREA

In other hospitals, at Niagara, St. Catharines and Fort Erie, there are absolutely no French services offered and we did not get any answers to our survey questionnaire, with the exception of St. Catharines General where there are three nurses who speak French.

Administration and office staff at these hospitals are English only.

Nevertheless, at the St. Catharines General Hospital, we are assured that staff is at the disposal of the patients in order to provide translations, but these are very infrequently used.

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(1) - *See pages 47 to 59.*

Professional Services

The shortcomings in French-language professional care in this region is most evident.

In general practice, there are only three French-speaking doctors in Welland, two in Niagara, one in Port Colborne and one in St. Catharines. Of 429 professionals looking after the people of the area, only 13 speak French sufficiently to be able to communicate with French-speaking patients. Six are in Welland, five in Niagara and one in St. Catharines.

As everywhere else, there is a marked shortage of French-speaking specialists, especially psychiatrists and pediatricians.

But, we must note that, in Welland, there is a medical clinic made up of three French-speaking doctors who are able to serve most of the Franco-Ontarian population of that city; patients who have difficulty in communicating in English can always count on their services when necessary(1).

In other areas of the Peninsula, with the exception of Port Colborne where one French-speaking doctor is in general practice, Franco-Ontarians do not seem to have easy access to medical services in their mother tongue.

Since there are only 13 Francophone doctors and a population of 17,000, the Francophone doctor-population ratio in the Niagara Peninsula is about 1/1,300. To attain the provincial ratio, it would require 30 French-speaking doctors, an immediate need for 17 professionals.

R.70 We recommend that Welland and Port Colborne be included in the list of Regions which are Underserviced in French in the programme which we suggest to the Ministry(2).

The doctors' answering service is totally English, even in Welland where this causes serious inconveniences to the French-speaking

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(1) - *A fourth French-speaking general practitioner has since opened an office in Welland.*

(2) - *See pages 88 to 90.*

population. It's a question of good will on the part of the people who provide the service, but this good will can also be inspired by the clients' insistence and that of the public when complaining directly to them.

The same conditions apply to doctors' and specialists' offices.

We recommend:

R.71 . That doctors serving a French-speaking clientele make sure they have bilingual employees in their offices

R.72 . That specialists to whom French-language patients are referred make sure they have, in their offices, at least one bilingual person who can provide interpretation for the patients.

The Health Unit

The Niagara (Regional Area) Health Unit has not chosen to answer the survey questionnaire of our Task Force and authorities do not seem to want to admit that certain language problems exist in the Peninsula. But, we learned: at our public hearing that only five of the 140 employees are bilingual: three nurses and two office employees.

Since there are only three bilingual nurses to serve seven bilingual elementary schools and one French-language secondary school, plus a population of 17,000 Franco-Ontarians, we have no doubt that services in French are totally inadequate.

The great majority of French-language schools in the Peninsula are visited by English-language nurses. It is an abnormality made even more unfortunate when we consider that the Denver aptitude test is given in English to French-speaking children entering kindergarten. It is impossible to get an exact evaluation of the aptitudes of a five-year-old child coming from a Francophone home who cannot express himself easily in the language of the English-speaking examiner.

Recommendations:

R.73 . We recommend that the Niagara (Regional Area) Health Unit hire a French-speaking personnel qualified to visit French-language schools and homes in the area;

R.74 . That the Health Unit hire the required bilingual personnel to administer the Denver aptitute test in French in French-language schools;

R.75 . That the Superintendent and the Directors of French-Language Schools explicitly oppose the dispensing of the Denver aptitude test in English in their own schools;

R.76 . That all literature, didactic material and audio-visual material be bilingual in order to facilitate comprehension by Francophones of programmes and instructions given by the Health Unit.

The lack of French-language services in schools is not only felt in Welland: we point it out here because it involves a great number of Francophones. There are French schools in Hamilton, Guelph, Niagara, St. Catharines, Port Colborne, Woodstock, Kitchener-Waterloo and Brantford that are without the services of French-speaking public health nurses. It is an important responsibility of the health units in these areas to serve these French-language schools in their own language.

R.77 We recommend that the health units in these areas recognize the importance of having services in French in French-language schools:

. to facilitate the communication between health officials, the teachers and the students;

. to inform the parents;

. to maintain a French ambience in the schools;

. to render justice to Francophones upon registration in kindergarden;

. and thus, that positions of bilingual public health nurses be created to serve these schools.

Other Services

There is a number of other health-related services in the Niagara Peninsula such as the Red Cross, the Cancer Society, the Arthritis and Rheumatism Society and the Social Services Department of The Regional Municipality of St. Catharines.

These organizations employ very few bilingual persons and count on the volunteer work to assure services to the population. Franco-Ontarians seem reticent to join these groups, very often because they are not aware of their goals and objectives.

Like everywhere else, as soon as we are able to fill the ranks of health professionals, these people will be able to exert their influence to encourage the Franco-Ontarian population to take a more active part in the volunteer work of the various organizations. At the present time, Francophones do not feel at ease within these English-language groups and very few volunteers associate themselves with the cause.

O.H.I.P. OFFICE

We noted earlier that ministries are responsible for implementing the bilingualism policy of the government in public services offered in certain areas of the province, including part of the Niagara Peninsula.

However, at the satellite office of O.H.I.P. in St. Catharines, there are no bilingual employees. Only the insurance plan information

booklet is available in French.

Our comments and recommendations have already been directed to the government in the chapter on the government's bilingualism policy[1]. We do not think it is necessary to repeat it here.

But, we hope that the Ministry of Health will revise its policy in areas designated as having the right to receive bilingual services.

OTHER INSTITUTIONS

The Niagara Peninsula Rehabilitation Centre serves the population of the whole area. It employs one bilingual physiotherapist and another person able to speak French among the 10 employees. This shows that French-language staff is often available when an effort is made to find persons with that proficiency.

Among the 13 employees at the Niagara Peninsula Crippled Children's Centre in St. Catharines, only one nursing assistant speaks French.

In the Social Services for the Regional Municipality, nine of the 50 employees speak French. The French version of one of the publications promoted in French. This is a commendable effort which should be pursued.

But within all these organizations, it seems that the employment of persons able to speak French is left to chance. Very little consideration is given to bilingualism in conditions of employment, even if the French population served is considerably high.

R.78 We recommend that all health and welfare services offered in the Niagara Region endeavor to give high quality services to the French-speaking population and that they take the necessary steps to ensure the hiring of bilingual persons.

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(1) - See pages 21 and 22.

Homes For The Aged

From the testimony received during our public hearing in Welland, we are assured that senior citizens in the Niagara Peninsula are well looked after, but not in French. Six homes are at their disposal, but all offer an English surrounding.

Sunset Haven, in Welland, is the only place where 10 percent of the employees looking after the residents are able to speak French. Elsewhere, the figure ranges between one and four percent. However, in kitchen and maintenance services, this figure climbs to between 10 and 20 percent. This again is definite proof of the shortage of bilingual nurses and nursing assistants.

For the past few years, the Richelieu Club of Welland has been attempting to establish a home for senior citizens which they intend to call La Résidence Richelieu. Senior citizens need security which will assure them a dignified quality of care during this stage of their life.

Those who, from one day to the next, find themselves transplanted into a totally different linguistic and cultural surrounding are not happy, become bored and quickly depressed. Finding no more pleasure in the surrounding in which they live, their health is affected mentally and physically.

We are aware that these institutions are not under the jurisdiction of the Ministry of Health, but faced with these hardships, we cannot remain unconcerned and we feel it is our duty to make specific recommendations to the Ministry of Community and Social Services.

The committee in charge of making a survey has found 207 Francophone persons over 65 years of age are eager to live at the Résidence Richelieu. Also, 451 of the 460 persons over 65 years of age who were surveyed truly believe that such an institution is not only desirable by necessary[1].

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(1) - Brief by the Comité de la Résidence Richelieu to the Ontario Cabinet - January 1975.

All preliminary work is completed: architects' drawings, purchase of land, zoning, etc.... But, neither the permission of the Ministry of Community and Social Services has been received nor have the grants required been approved.

The Comité de la Résidence Richelieu, which is made up of members of the Richelieu Club of Welland, is very concerned about the fact that very little progress was made during the past few years. They seem frustrated in their organizational efforts by the various government branches which very often refuse to cooperate and refer them to other government agencies.

Recommendations:

R.79 . We recommend that the Ministry of Community and Social Services cover the salaries of a project officer to coordinate the planning of La Résidence Richelieu du Niagara, in Welland,

R.80 . And that, the Ministry of Community and Social Services recognize that the French-speaking senior citizens of the Niagara Region need a residence where they can feel at home and where they can more easily communicate with persons of their own cultural and linguistic background. Thus, the government will recognize its responsibility in favoring the establishment of an institution which respects the mentality and the identity of the occupants.

THE WINDSOR AREA
(Southwestern Ontario)

	POPULATION	FRENCH-SPEAKING	% FRENCH-SPEAKING
ESSEX COUNTY	306,400	26,155	17.9
Windsor	203,300	14,305	7.0
Belle-River	2,875	1,015	35.4
Tecumseh	5,185	1,350	26.1
Tilbury N.	2,645	1,400	35.4

Franco-Ontarians in Southwestern Ontario, a large number of whom reside in townships and towns in Essex County, seem to have a certain amount of difficulty in grouping together and in claiming their rights as first-class citizens.

We obtained a mere minimum of communications from the French-speaking population. This was probably due to a school crisis[1] *taking up most of the attention of the leaders: very few persons came to our public hearing in Windsor.*

Consequently, we have obtained very little information from this region. But, we would not want to give the impression that Francophones in Southwestern Ontario do not have equal rights to services in their own language.

Only two of the four hospitals in Windsor filled out our survey questionnaire, and a local group which attempted to conduct its own sur-

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(1) - For a French-language secondary school.

vey did not obtain any better results. The Windsor Health Board did not answer our survey questionnaire. On the other hand, the Essex County Academy of Medicine graciously cooperated.

Hospital Services

Hôtel Dieu of St. Joseph Hospital

We are pleased of the fact, that, in the words of a Francophone spokesman, this hospital "allows a person to be sick in French". A summary survey revealed that 75 of the 285 employees in nursing services were Francophones. We did not get any exact figures, but we are assured that the French-speaking population is represented on the hospital board and within the administration.

Unfortunately, we are not sure that French is guaranteed in the admitting office or at the reception desk. Telephone inquiries revealed that French services are not available at all times, but that efforts are made to find French-speaking staff.

Hôtel Dieu of St. Joseph Hospital is the only hospital in Southwestern Ontario that we are able to classify. When it is recognized as a bilingual hospital with English predominance, the concern for giving proper services to the French-speaking population will probably be encouraged by the financial support which the government will offer.

OTHER HOSPITALS

We have obtained very little information on the other hospitals: Grace Hospital, The Metropolitan Hospital and the two units of Windsor Western Health Centre.

It is easy to realize that no French-language services are offered. We are assured that, when needed, an interpreter is found, but that this "seldom happens".

We cannot ask that these hospitals become bilingual, but human rights and justice would dictate that efforts be made to serve the French-speaking residents in their own language, at least in specialized services and in emergency.

We recommend:

R.81 . That Hôtel Dieu of St. Joseph Hospital in Windsor be classified in Category III (Bilingual Hospital with English Predominance) and that authorities take the necessary steps to attain the standards which we recommend[1].

Professional Care

The number of doctors able to speak French leads us to believe that services in French in Windsor are sufficient in Windsor, Belle River Leamington and Amhersburg. But, the 1,350 French-speaking residents of Tecumseh are without professional services in their own language.

The Academy of Medicine tells us there are 25 French-speaking doctors in Windsor, one in Leamington, one in Amhersburg and two in Belle River.

It is particularly difficult to obtain services in French in specialized services, especially in psychiatry.

R.82 We recommend that the Town of Tecumseh be designated as a Region which is Underserviced in French[2].

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(1) - *See pages 47 to 59.*

(2) - *See pages 89,90 - R.20.*

Kent County

Although the Kent County, adjoining Essex, is not considered bilingual, we must point out that there are 5,285 French-speaking citizens grouped in Paincourt, Grand Point, Stoney Point and in the areas of Chatham, Wallaceburg, Belinhem, Ridgetown and Thamesville.

A number of residents of that area who come from Northern Ontario and Québec have considerable difficulty communicating in English.

Hospitals in the area offer no guarantee of French services.

Among the professionals, there are two Francophone doctors in Chatham, two in Wallaceburg and one in Dresden. We have been told that it is very difficult to be accepted as patients of Francophone doctors in that area.

Needless to say that the Health Unit offers absolutely no services in French to this minority which represents 5.2 percent of the population[1]. The Health Unit ignores this minority claiming that the number of Francophones which they estimate at "less than one percent" is too small to be of any significance.

Since Kent is not designated as an area where French bilingual services should be offered, we cannot make specific recommendations. We only hope that health authorities will understand that there are communication problems which impair the quality of their services. Some measures, which could be taken in the name of simple justice, could quite easily improve living conditions for the French-speaking residents of their area.

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(1) - Statistics Canada - 1971 Census.

TOWNSHIP OF TINY

	POPULATION	FRENCH-SPEAKING	% FRENCH-SPEAKING
Midland	10,995	715	6.5
Penetanguishene	5,500	1,995	36.3
TOTAL FOR TOWNSHIP	24,720	5,290	21.4

The Penetanguishene area on Georgian Bay was the province's first French colony. Now, it is part of Simcoe County which on the whole, has a very small French population ratio. But, there are 5,290 Franco-Ontarians who are French-speaking in Penetanguishene, Lafontaine and Perkinsfield. In fact, the French-speaking population of the two latter villages is close to 95 percent.

The fact that his small French agglomeration is part of a district which is predominantly English majority creates a number of problems in the field of health services.

In general, it seems that health services in French are not adequate and that a person has to speak English to be served adequately.

HOSPITAL SERVICES

The name Penetanguishe usually suggests the hospital for the criminally insane. The fact is that this detention centre is merely a section of the Mental Health Centre situated at Penetanguishene.

We have already mentioned the shortage of bilingual staff, professional and others, at the mental institution. Unfortunately, only one social worker attached to the community mental health team is able to speak French. Physicians, psychiatrists and psychologists are all unilingual in English.

PENETANGUISHENE GENERAL HOSPITAL

At the present time, it seems that there is a fair number of French-speaking employees at the Penetang General Hospital which serves an area where the French population is of a high ratio.

Six Francophones are on the hospital board and five persons on the administration staff are familiar with the language.

In nursing services, only 10 of the 44 employees are bilingual: this seems rather low to be able to guarantee that French services are available at all times. No one in the admitting office is able to speak French.

However, emergency and reception seem to have a sufficient number of bilingual staff to offer services in French.

We classify this hospital as bilingual with English predominance(2).

We hope the administration will give more consideration to services to the French-speaking population.

ST. ANDREWS' HOSPITAL, MIDLAND

We did not give this hospital a classification because we have not been advised of its future role when construction of the new hospital is completed.

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(1) - See pages 33, 34 - R.3, R.4.

(2) - See pages 47 to 59.

The hospital board is made up of persons who speak English only and only one person in the present administration speaks French. In nursing services, 20 of the 72 employees are Francophones. There is no French in physiotherapy, respiratory technology or radiology. Reception and admitting are English only. However, the two employees in emergency are able to speak French.

This hospital will make way for the new Huronia District Hospital and our recommendations will involve this new institution.

HURONIA DISTRICT GENERAL HOSPITAL

This hospital is now under construction and should receive its first patients in the fall of this year.

There seem to have been good intentions in the planning of this institution which will serve most of the Township of Tiny, including the Town of Midland. In fact, the directional signs being prepared are entirely in the two languages and we are pleased with this situation.

But, some people have expressed concern that bilingual signage promises more than the services will deliver. It is not sufficient to be able to get there, a person must be able to understand and be understood once he or she arrives.

The Executive Director already appointed is the present administrator of St. Andrew's Hospital in Midland who speaks English only. We hope that the hospital board will be more representative of the French fact than the one presently in office in Midland. In fact, the hospital will be serving a district which includes Perkinsfield, a village which is almost exclusively French.

R.83 We recommend that the Penetanguishene General Hospital and the Huronia District General Hospital be designated as bilingual hospitals with English predominance[1] and that they will fill all requirements we have established for this category.

Health Unit

This area is served by the Simcoe County Health Unit, from a regional office in Midland.

Since the first of the year, there has been no health service in French in French-language schools, with the exception of the eye examination. There again, the "Denver test" given to children entering kindergarden is given in English. Authorities assure us that they hope to be able to hire the required bilingual personnel in order to give services in French as soon as possible.

It is difficult to formulate recommendations regarding a health unit which serves a district which is of such a high English predominance (89 percent English - 6.4 percent French) where only one corner is Francophone (50 percent of the Francophones of the county reside in the Penetanguishene area[2]). However, it is imperative that public health services be given in the language of the French-speaking population which represents such an important part of the population.

The government should look into the problem and guarantee:
a) - an adequate representation on the board of health,
b) - services in French to Francophones in Tiny Township.

This is part of the recommendations we make to the government regarding the health units in the province[3].

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(1) - See pages 47 to 59.
(2) - Statistics Canada - 1971 Census.
(3) - See pages 60 to 62.

Local authorities should show more consideration to giving the Francophone population the services it has a right to:

We recommend:

R.84 . That authorities guarantee that the Midland regional office of the Simcoe County Health Unit is effectively bilingual and offers bilingual services:

. to French Families;

. to French Schools;

. at the regional office.

R.85 . That serious efforts be made to recruit bilingual staff, instead of simply being contended with acknowledging that bilingual personnel are not available.

Professional Services

The area has six French-speaking physicians. There are no psychiatrists or psychologists who speak French.

The doctor-population ratio in this part of the county is fairly good at 1/650, but for French-speaking people, it is slightly less favorable at 1/880.

Our main concern in professional services is not in general practice where we would simply like to see the present situation maintained We would rather hope that a French-speaking psychiatrist, who could also accept a limited private practice, be retained on the staff of the local mental health centre.

In psychology, we hope that the Mental Health Centre will be able to find one psychologist who is able to speak French.

Other

Another unconscionable situation is the fact there is no school for the French-speaking children who are deaf. We discuss this matter in the chapter on Exceptional Children[1] *but we want to underscore it here because there are 22 children with hearing problems who leave their homes in the Penetanguishene area and return only on weekends. They are literally anglicized at the school for the deaf in Milton.*

R.86 We appeal to the School Board to obtain funds from the Ministry of Education and to organize French-language classes for deaf or partially-deaf French-speaking children from the Penetanguishene-Midland area.

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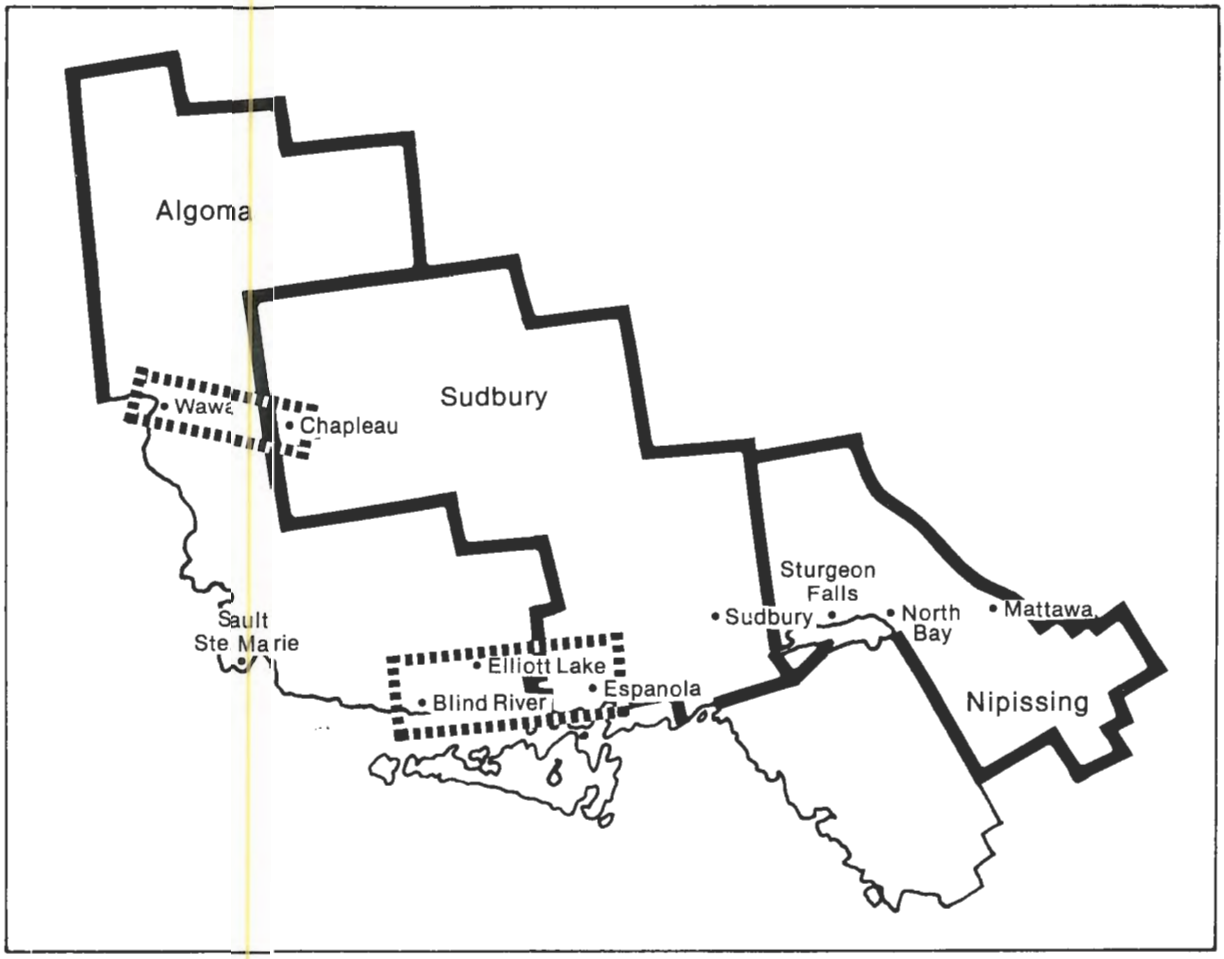
(1) *See pages 37 to 42.*

The Mid-North



Above, we show the Districts of Algoma, Sudbury and Nipissing. To facilitate our study, we show two special regions, illustrated by dotted lines. Nearly completely autonomous in its health services is the Elliot Lake-Blind River--Espanola region (the North Shore) which sits in two districts: Sudbury and Algoma. Farther to the North, a concentration of Franco-Ontarians resides in the Chapleau-Wawa area which, again, is part of the two geographic districts.

- Ministry of Health Map -

Map 3

NIPISSING DISTRICT

	POPULATION	FRENCH-SPEAKING	% FRENCH-SPEAKING
NIPISSING DISTRICT	78,865	25,885	32.8
North Bay Area[1]	56,595	12,130	21.4
Sturgeon Falls Area[2]	14,030	10,450	74.5
Mattawa Area[3]	7,000	3,405	48.6

(1) - North Bay, Bonfield, East Ferris, Temagami and unorganized communities

(2) - Sturgeon Falls, Cache Bay, Verner, Lavigne, Field and unorganized communities

(3) - Mattawa, the Townships of Calvin, Cameron, Chisholm, Mattawan, Papineau and unorganized communities

The chapter on the District of Nipissing could serve as a microcosm of the present report: we meet the different minority-majority situations existing in other parts of the province. The largest centre, the City of North Bay, has a Francophone minority of 17.3 percent. Sturgeon Falls, the hub of the Western portion of the district, has a Francophone majority exceeding 75 percent. Mattawa, in East Nipissing, stands in the middle, with a French-speaking population of 54.2 percent.

The level of services, the needs and the attitudes of the population reflect most situations we meet elsewhere in the province.

Although a number of services have been regionalized and certain needs are common, other factors vary considerably according to the three service areas: the North Bay area where Francophones represent 21.4 percent of the population; the Sturgeon Falls area where the percentage of French-speaking residents is 74.5, and the Mattawa area where the split is practically even, at 48.6 percent French-speaking.

Although there are common denominators because a number of services are district-wide, there are a number of instances where we must make a distinction between the three service areas which have varying linguistic requirements.

Training

Canadore College

Teaching at Canadore College of Applied Arts and Technology is predominantly in English. A few French options offer bilingual students an opportunity to improve in the French language. But, the number of courses in French is too limited. At the present time, in order to compensate for this situation, the Director of the Health Sciences Division attempts to create a French ambience in group discussions as well as in social functions. Also, as an option, Anglophones can be initiated to courses in French medical terminology.

Presentations made by the College indicate a marked contradiction regarding bilingualism. On the one hand, the official policy is that authorities will continue to consider demands for French-language programmes, but that, at the present time, a survey of enrollments does not indicate the need to make Canadore a bilingual college[1]. On the other hand, we are advised (and this is an alarming fact) that graduates of French-language high schools were getting inferior results in selection tests for admission at the School of Nursing. More specifically, proficiency tests in the English language did not favor the admission of Francophone candidates.

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(1) - Canadore College: Policy Statement on Bilingualism for the Ontario Board of Regents - Sept. 26, 1975.

But we are more optimistic for future years since the admission office of Canadore advises us that these criteria are now modified to give an equal opportunity to Francophone students. This apparent discrimination towards the Francophone graduates of Ecole secondaire Algonquin in North Bay and Ecole secondaire Franco-Cité in Sturgeon Falls will hopefully be eliminated.

But, Canadore's policy stating that French-language students wishing to continue their studies in French should go to Sudbury or Ottawa, is incomprehensible and inadmissible[1].

Canadore must:

a) - respect the regional characteristic of its charter and answer to the needs of the population served by the college;

b) - develop French-language courses which correspond to the regional priorities.

Canadore will then be able to train bilingual persons in health sciences to fill the need for bilingual staff in the health institutions of Northern Ontario.

We recommend:

R.87 . In view of its responsibilities towards the French-speaking population of the Nipissing District as well as of Northern Ontario as a whole, that Canadore College conduct within its health sciences programme, French-language courses which will answer the needs of the graduates of the French-language high schools.

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(1) - *Canadore College: Policy statement on Bilingualism for the Ontario Board of Regents - Sept.26, 1975.*

R.88 . That authorities of the Health Sciences Division encourage Anglophones to acquire a practical knowledge of the French language.

Canadore also planned giving the full courses for dental hygienists and radiology technicians. Although first and second-year courses were already under way at Canadore, the Ontario Ministry of Colleges and Universities, in 1975, decided to grant the third year of these courses to Cambrian College in Sudbury, denoting a lack of planning in this area. French-language students, who represent about 50 percent of the two classes in North Bay, are again placed at a disadvantage.

School for Nursing Assistants

Since 1952, St. Jean-de-Brébeuf Hospital in Sturgeon Falls has offered, in conjunction with the Ministry of Health, the only French-language course for nursing assistants in Northern Ontario. Graduates take the provincial examination and receive their Registered Nursing Assistants' Certificate. Before the start of the last academic year, this school had trained 429 graduates who now assure French-language communication in a considerable number of hospital centres in the Northland: school authorities as well as the board and the administration of the hospital deserve the gratitude of the French-speaking population of Ontario for the training they have provided in the French language.

Will the imminent affiliation of this school to Canadore Community College threaten the future of French teaching and training ?

Canadore could well decide to introduce parallel French-language courses in North Bay. This would not be acceptable to Francophones since, for reasons of economy or because of the shortage of French-speaking instructors in North Bay, the college could well opt for the teaching of theory in English with the possibility of clinical training in French at Sturgeon Falls.

Until Canadore College's bilingual policy is altered to take a more positive attitude towards French-speaking students, we strongly recommend that the Ministry of Health maintain the nursing assistants' course at the West Nipissing General Hospital in Sturgeon Falls in order to assure the continuity of French-language courses.

R.89 We recommend that in the event the Ministry of Colleges and Universities approves the affiliation of the Nursing Assistants' School of St. Jean-de-Brébeuf in Sturgeon Falls to Canadore College, that the Ministry of Health, the Board and the Administration of the Sturgeon Falls Hospital, and the Faculty Authorities demand, as a sine qua non condition, that the school remain in Sturgeon Falls and that the teaching continue to be in French. Only the Sturgeon Falls Hospital has the resources and the clinical facilities to guarantee this training in French.

Also, jointly with the North Bay Psychiatric Hospital, Canadore College has a duty to stress French-language communication for students enrolled in the Certified Nursing Assistants' course presently conducted at the mental health centre.

French-language secondary schools

- *Ecole secondaire Algonquin - North Bay*
- *Ecole secondaire Franco-Cité - Sturgeon Falls*

What is the role of these French-language secondary schools of the district in guiding students towards health sciences ?

Our meetings with teachers of grades 11, 12 and 13 reveal that no specific programmes are available. However, these schools assure the

survival of the French language and traditions. They must assume the responsibility of informing students of the needs in health sciences. Career counsellors have a duty to inform students by making use of all possible systems: audio-visual, literature, exhibitions, visits to the institutions, programming credits to favor admission, etc.

The secondary school principals, professors and career counsellors will then help ensure the future availability of Francophone staff in our institutions for the benefit of the Franco-Ontarian Community.

The Health Unit

The Nipissing Health Unit does not seem to accept with any degree of seriousness the linguistic requirements imposed by the population which includes 25,885 Francophones, or one-third of the people served.

They are aware that they have an obligation to render the services in French when needed, but they are not overly-concerned with assuring their delivery.

In North Bay, everything is conducted in English: prenatal clinics, home visits for infants, for pre-school children and for families with special problems; diagnosing language problems and hearing deficiencies; baby clinics, immunization clinics.

In the Sturgeon Falls area, clinics and visits are conducted in French and English, but special services are dispensed in English. Even the prenatal course is given in English only.

The dental health team which visits schools is totally English-speaking although there are over 5,000 Francophone students in district schools.

There is no indication at the reception desk in the office that French services are available. There is no special concern to be

of service to persons who insist on French communication and, very often, there is a long delay before a call is returned when callers insist on speaking in French.

The bilingual staff must often act as interpreters which gives them additional work and discourages their use of French at work.

The administration is entirely unilingual in English: the medical director, the chief inspector and his whole staff, the nursing director and her assistant, as well as four of the five team leaders. Of 25 nurses, seven are bilingual(1).

The district health board is mostly English: only one of the seven representatives of the City of North Bay is French-speaking and the three provincially-appointed members are unilingual in English. Two of the three members for Sturgeon Falls, Mattawa and Trout Creek are French-speaking. It adds up to three bilingual persons out of 13.

The regionalization of health services has weakened French-language services of the health unit in the predominantly-French area of West Nipissing. We recognize that certain efforts have been made by the health unit to provide these services in French. At the present time, school visits are conducted in French, but health inspection services are not. Administration and staff of certain special services (speech therapy, audiology, psychometry, etc.) are English only.

Faced with this situation, we must make the following recommendations to the Nipissing District Health Unit:

R.90 . <u>That the Statutes of the Nipissing District Health Unit recognize the areas where the whole range of services must be offered in French.</u>

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(1) - October 1975 statistics.

R.91 . That the Health Board be more representative of the linguistic makeup of the population,
and that:
. one of the representatives of the Government of Ontario be French-speaking;

. at least two members appointed by the City of North Bay be French-speaking.

R.92 . That qualified French-speaking personnel be hired in the administration in order to realistically interpret the aspirations and the needs of the French population:
. that the nursing director or her assistant be bilingual;
. that the chief inspector or his assistant be bilingual;
. that two team leaders be bilingual.

R.93 . That French-language services be improved by increasing the staff able to offer the following services in French:
. home visits to French families,
. health services in schools,
. prenatal visits and clinics according to the need,
. at least one bilingual person at immunization clinics, baby clinics, general disease clinics.

R.94 . That French-language services available be advertized by:
. signs at the district office,
. employing bilingual receptionists, secretaries and telephone operators.

HOME CARE

The Health Unit provides Home Care and also contracts with the Victorian Order of Nurses for some of these services.

In North Bay, one of three nurses providing Home Care is French-speaking and looks after French patients who represent 25 percent of the calls. In Sturgeon Falls, the nurse is bilingual (1).

But, very often, services in Mattawa, Bonfield, Corbeil and Astorville are not available in French.

Also, there is no French literature available. And, the North Bay office has no bilingual office personnel.

In view of this, we must recommend:

R.95 . That a bilingual employee be hired at the general office of Home Care

R.96 . That French-language services be provided in predominantly Francophone areas of Mattawa, Bonfield, Corbeil and Astorville

R.97 . That Home Care information be available in French as well as in English.

VICTORIAN ORDER OF NURSES

A number of home care services are referred to the Victorian Order of Nurses. The Director, who is bilingual, looks after the French-speaking patients. Some of the literature is provided in French, but, at the office, there is no bilingual staff.

R.98 We encourage the VON to continue providing the existing services in French and to improve these services by:

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(1) - *October 1975 Statistics.*

. offering all literature in French as well as in English,

. having a bilingual telephone service.

Hospital Services

There are two hospitals in North Bay, one in Sturgeon Falls and one in Mattawa.

The two institutions in North Bay share specialized services, avoiding all unnecessary duplication. The two hospitals also have the same medical staff. Moreover, these two hospitals are resource medical centres for a vast region in the Mid-North, including the County of Temiscamingue, in Northwestern Québec.

The North Bay Hospitals

The French population of North Bay has noticed a marked improvement in French-language services at the North Bay Civic Hospital and St. Joseph's General Hospital. There are still a number of problems due to the shortage of personnel, professional and para-professional, able to communicate in French. Despite the good intentions demonstrated during the past few years, authorities have not yet succeeded in attaining the level of bilingual services which would assure all services in French.

Neither the City of North Bay nor the auxiliary organizations, nor the hospital have deemed it advisable to appoint a Francophone on the North Bay Civic Hospital Board. St. Joseph's Hospital has just named a third French-speaking person to its 13-member Board.

However, the two institutions have recently hired French-speaking persons at the reception desk and in the emergency department. There are no French-speaking employees in the admitting office of either of the hospitals.

In nursing services at St. Joseph, 20 of the 84 graduate nurses and 25 of the 84 nursing assistants are able to speak French. In

October 1975, nine of the 102 graduate nurses and 16 of the 52 nursing assistants at Civic Hospital were Francophones. In physiotherapy and radiology at the two hospitals, there is a minimum number of bilingual employees. In inhalotherapy, there are no French-speaking employees.

In the Alcoholic Care Department, two of the nine employees are bilingual. We would strongly urge that a bilingual detoxication centre be established at St. Joseph's Hospital, adding to the present programme.

Despite efforts to recruit bilingual staff, numerous complaints were received indicating that French-language services are not fully guaranteed at these hospitals. This situation can be blamed partly on the fact that the Administration, which is unilingual in English, fails to properly identify the needs of Francophones, a situation which impedes planning to rectify measures. Despite the fact that a number of employees are bilingual, it seems that an inadequate distribution of staff prevents the delivery of services in French at all times.

Because regional services are offered at these hospitals, the planning of services in the French language is necessary, particularly in the following departments: obstetrics, orthopedics, orto-laryngo-rhinology and intensive care.

St. Jean-de-Brébeuf Hospital, Sturgeon Falls (West Nipissing General Hospital)

Founded by the religious order of the Daughters of Wisdom, St. Jean-de-Brébeuf Hospital in Sturgeon Falls has always served the population in its own language. But, for the past few years, a progressive anglisization has been noticeable, due mostly to the regionalization of hospital services (with North Bay) and the recruitment of unilingual English staff. Because of the shortage of personnel available, 19 of the 58 graduate nurses employed at the hospital speak English only and seven others have difficulty in French.

The new Nipissing General Hospital is now being built and, despite assurances given by the Hospital Board (11 of the 12 members are

French-speaking), we are among those who fear that the guarantees for services in French are threatened. Statutes and bylaws of the new hospital fail to make any mention of bilingualism at that hospital. Nothing takes into account the ethnic makeup of the population, a factor which is nevertheless of great importance. Proof that these fears are well-founded was a recent letter from an official of the Ministry of Health to the Hospital Board stating that the hospital hiring policy should not require the staff to be "capable of written or verbal communication in both French and English[1]".

We are pleased with the fact that a French-speaking Executive Director has been hired for this French-language institution. The adoption of our recommendation on the classification of this hospital as a French hospital with bilingual services would provide a guarantee for the future.

Mattawa General Hospital

Mattawa General Hospital already seems to meet all criteria we recommend for a bilingual hospital with French predominance. We have not received any complaints from the French-speaking residents of that community, which leads us to believe there are no serious problems in that regard.

The Hospital Board is already of French predominance (7 out of 12) and the Executive Director is a Francophone. Approximately 59 percent of the nursing staff (19 out of 32) is bilingual. Ambulance and pharmacy services are bilingual.

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(1) - Letter from J.K. Maynard, Executive Director, Institutional Division, Ontario Ministry of Health, to Mr. Bruno Vannier, Chairman, May 4, 1976: "I do not feel that you can require staff to be capable of written and verbal communication in both French and English, though there may be a few carefully-selected positions where this may be a requirement. As a general application, however, it appears to be unduly and unnecessarily restrictice".

Efforts are made to distribute French literature whenever it is available.

Recommendations:

R.99 . We recommend that the following hospitals in the District of Nipissing, be classified in the Categories we mention here and that the administration immediately take the necessary steps to meet the criteria we suggest[1]:

. CATEGORY I - St. Jean-de-Brébeuf Hospital, Sturgeon Falls (West Nipissing General Hospital)

. CATEGORY II - Mattawa General Hospital

. CATEGORY III - Civic Hospital, North Bay
St. Joseph's General Hospital, North Bay

Nursing Homes

There are two nursing homes serving North Bay, one in the city and a second in Callander. One opened recently in Mattawa and, hopefully, Sturgeon Falls will have its own in the near future.

Nipissing Manor, Callander

We are informed that the French language has never been an impediment or an obstacle in the care given.

Leisure World, North Bay

The ambience of Leisure World is English, which influences the

(1) - *See pages 47 to 59.*

care of the 32 French-speaking patients in that institution. Only one of the four nurses is Francophone and six of the 22 nursing assistants speak French[1]. This often leaves the patients without services in French.

St. Jean-de-Brébeuf Hospital, Sturgeon Falls

An expert's report following a study has determined a need for a rehabilitation centre and a long-term hospital[2] in Sturgeon Falls. That is why we recommend that St. Jean-de-Brébeuf Hospital be transformed, without losing its French characteristic, a very important aspect for adequate services to the residents. The new role of this institution should reflect this special status.

Algonquin Nursing Home, Mattawa

This new 60-bed nursing home took in its first residents in Mattawa at the beginning of April this year. Some citizens of the community had expressed their concern that French-language services might not be assured.

Nevertheless, the owner, who is a Francophone, assured us that 14 of the 15 employees, at that time, were bilingual. Eventually, the institution will employ 30 persons and the administration assures us that they will continue to offer services in French.

Professional Services

North Bay

North Bay physicians do not serve residents of that city alone; there are no doctors' offices in Corbeil, Astorville and Bonfield.

For the region as a whole, there seems to be a sufficient number of doctors. But, for one third of the population, which is French-speaking,

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(1) - In October 1975.

(2) - Woods-Gordon, p.1.

there are only three French-speaking doctors in general practice. Ten other specialists speak French, three in pathology who are not in direct contact with the patients, and a psychiatrist who practises only at the North Bay Psychiatric Hospital.

It is evident that North Bay is a Region which is Underserviced in French. Our charts show such a need[1].

Only two dentists and one optometrist practising in North Bay are French-speaking. These professionals are overburdened by the demand from Francophones not only from the North Bay area, but also from the Mattawa area where there are neither dentists nor optometrists. We even have testimony from people in the New Liskeard and Earlton area who travel to North Bay for eye examinations from a French-speaking optometrist.

Sturgeon Falls

During the past few years, the number of French-speaking doctors in Sturgeon Falls has dwindled. Only four of the nine professionals practising there at the present time are bilingual. It is difficult to obtain French-speaking doctors or specialists to open an office in Sturgeon Falls.

R.100 We recommend that Sturgeon Falls be included on the list of Regions which are Underserviced in French.

But, leaving provincial authorities to look after the need is not enough. It is imperative that hospital and municipal authorities, the medical profession and the population as a whole be aware of the importance of having professional services in the French language and that they take an active part in efforts to recruit French-speaking professionals.

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(1) - See page 79 - Chart 7 (p.2).

Mattawa

In professional services, the Town of Mattawa is underserviced at the present time since there are only three doctors to serve the 7,000 inhabitants of that area[1].

However, two of these doctors are French-speaking. A new medical clinic built by the Town of Mattawa should be able to attract doctors wishing to establish a practice.

Despite their efforts, municipal authorities and the medical fraternity have been unable to obtain a dentist or a full-time optometrist for Mattawa.

Homes For The Aged

There are two homes for senior citizens in Nipissing: Casselholme in North Bay and Au Chateau in Sturgeon Falls.

Casselholme

Casselhome does not have the reputation of adequately looking after the Francophones although a number of services show there is a certain amount of concern for French-speaking residents. Observations made to us show that the administration is not too highly concerned about the French language.

Francophones are grouped together as much as possible. Essential services are assured, but, very often, there are no French-speaking employees to communicate with the patients.

These homes are not under the jurisdiction of the Ministry of Health, but since it is a question of quality of life, we allow ourselves observations.

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(1) - In October 1975.

Casselholme serves an area where there is a large number of French-speaking people: North Bay, Mattawa, Bonfield and Corbeil.

Au Chateau, Sturgeon Falls

The importance of having an institution with a French character cannot be illustrated any better than by the existence of Au Chateau Home for the Aged. West Nipissing was granted permission to separate from the rest of the District of Nipissing in order to build a home for the aged with a French ambience which the population of that sector deserves. Before it was opened, there had never been more than one or two persons from Sturgeon Falls residing at Casselholme although 10 places were retained for that part of the district.

Five years later, there were 118 persons residing at Au Chateau, plus a long waiting list. The number of admissions at Sturgeon Falls has demonstrated very clearly the importance of communication in the care of older residents.

Consequently, there are two solutions to the situation at Casselholme:

R.101 . That Casselholme guarantee all services to French-speaking people in their language;

or...

. That an agreement be concluded between Casselholme and Au Chateau whereby all French-speaking senior citizens will be accepted at Sturgeon Falls.

SUDBURY AREA

	POPULATION	FRENCH-SPEAKING	% FRENCH-SPEAKING
CITY OF SUDBURY	90,535	24,455	27
Total for the area	170,370	60,575	33.7

For the purpose of our study, we have placed the City of Sudbury with the adjoining area served by the hospitals of this city. From the geographic territory of Sudbury, we excluded the Town of Chapleau which we include with Wawa in a separate area. In the same way, Massey, Espanola and Webwood are grouped with Elliot Lake and Blind River in a third area.

But, our observations regarding the health unit and mental health services will include Espanola and Elliot Lake because the area is served by Sudbury-based agencies.

The Health Unit

Commendable efforts have been made by the Sudbury District Health Unit to give French-language services to the 67,665 Francophones in the area served (Sudbury and Elliot Lake-Blind River)[1].

A number of shortcomings were brought to our attention, but they are problems which can be solved by two types of actions: immediate adjustments and long-term planning measures.

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(1) - Sudbury: 60,575 - Elliot Lake-Blind River: 7,090 - Statistics Canada 1971.

The health unit has shown remarkable efforts to serve the French-speaking population. Bilingual personnel were hired. French-speaking nurses were assigned to French-language schools. Home care is given in French, as much as possible.

Because of the shortage of French-speaking nurses, all needs could not be met and home care was affected. At the end of 1975, only seven of the 42 nurses spoke French.

R.102 This is why our first recommendation is that the Sudbury District Health Unit continue its efforts to hire as many French-speaking nurses as possible to serve the Sudbury and Elliot Lake-Blind River areas.

But, recruitment is not the only problem. It seems that despite good intentions, the Health Unit does not display its bilingualism sufficiently and, usually, fails to inform the Francophone community that the services are available in French.

As for displaying its bilingual resources, the board of health can readily straighten out the problem.

We recommend:

R.103 . That the Health Unit advertise the availability of bilingual services by using English and French when answering the telephone.

. That bilingual employees wear name tags that advise people they are able to speak French.

On the subject of services, we are advised that public education classes are not held in French. For instance, the prenatal course: there are two or three English-language classes with three or four Francophones in each class. Why not group the Francophones together and give one of the classes in French ?

R.104 We recommend that the Sudbury District Health Unit offer French-language classes in public education programmes, and this by taking into immediate consideration the people registered, and not by awaiting specific demands on each occasion.

At the present time, eight of the 21 members of the Health Board are bilingual. This seems to be fairly representative of the population and we hope that the provincial statutes that we recommend will guarantee that this level of representation will be maintained.

Finally, people in the Elliot Lake-Blind River area have expressed a particular concern. They foresee the possibility that their area may be included in the territory covered by the Algoma District Health Unit. Since French-language services in the Sault Ste. Marie area are practically inexistent, they fear that services in French which they receive at the present time will be weakened or altogether eliminated.

We agree that the Elliot Lake-Blind River area should remain under the jurisdiction of the Sudbury District Health Unit. There would be no advantage to having this region served by the Algoma District Health Unit and services in French would be under a serious threat of being discontinued.

Hospital Services

Following the recent closing of St. Joseph's Hospital and the Copper Cliff Medical Hospital, the District of Sudbury has three hospitals which offer specialized services established on a regional basis.

The Laurentian Hospital, where all planned services are not yet in full operation, proclaims itself a bilingual hospital with French predominance, offering all services in the two official languages of the country. This is a commendable effort but reality in Ontario makes it hard to achieve.

The statutes and regulations of the hospital stipulate that

the board of directors must have at least a majority of bilingual members among those elected by the Corporation. Board meetings are generally held in English even if members occasionally exercise their right to speak French. The language used in communities depends on the membership of each committee.

The Executive Director and most of the members of the Administration are bilingual. Reception, admitting and emergency services are bilingual at all times. French-language nursing services are adequate even if only slightly more than half the nurses are bilingual and the three head nurses are unilingual in English. A shortage of bilingual graduate nurses stands in the way of improving French-language services. Directional signs inside and outside the hospital, forms, menus and pastoral services are bilingual.

Since the medical personnel is of unilingual English majority the medical staff is English and medical records are kept in the "language of Shakespeare". Laurentian should have more French-speaking general practitioners. The Pediatrics and the Renal Dialysis Departments reflect the shortage of bilingual specialists. However, it is comforting to realize that, through the cooperation of school boards, two French-speaking teachers provide education in French to school-age patients while an English-speaking teacher looks after English-speaking children.

As everywhere else in Ontario, there is a shortage of French-speaking physiotherapists since the two persons who work in that department at Laurentian Hospital speak English only. The same applies to the audiologist.

The hospital board has deemed it advisable to hire a bilingual coordinator as part of the administration staff. Apart from promoting and assuring bilingualism in the hospital, he receives complaints from the patients and the public when services are deemed inadequate in either of the two languages. Language courses were organized for unilingual staff wishing to learn French, but the experiment did not bring about the hoped-for results.

The Sudbury General Hospital is known as a Catholic English-language hospital offering no services in French. The Board and the

Administration are unilingual in English and there are only about 20 French-speaking employees on the staff. French is non-existent on forms, menus, directional signs....

We are candidly told that no importance is given to a knowledge of the French language as a standard of employment.

We must point out however that Sudbury General has a responsibility towards Francophones since it operates the only full-time emergency department and has the only obstetrics department in the area. Therefore, it should be recognized that with no French services at the reception desk, in the admitting office, in emergency, or the maternity departments, Francophone patients are not obtaining adequate services in their language.

The Sudbury Memorial Hospital is a non-denominational institution with English ambience. The Board and the Administration are exclusively English-speaking. Compared to the Sudbury General Hospital, there is a greater number of bilingual nurses and Francophones indicate a higher level of satisfaction with services provided by these nurses. However, there are no set rules regarding bilingualism in the employment standards of the hospital.

Recommendations:

R.105 . That the Ministry of Health encourage the Sudbury General Hospital and the Sudbury Memorial Hospital to be designated English institutions with certain bilingual units in specialized services since each of these hospitals must serve the Francophone population in some specialized areas. Consequently, bilingual directional signs and communication should be available at the reception desk, at the admitting office and in the specialized departments.

R.106 . That the Ministry and the hospitals encourage nurses and members of the medical staff to acquire a practical knowledge of French in order to answer more adequately the needs of the French-speaking patients.

The Cancer Society

The Cancer Society in the Sudbury area has a French-speaking administration and offers French-language services to Francophones.

This organization relies on volunteer work and is continually seeking volunteer workers. They even hope to form a French-language section and a co-chairman for each language group.

We repeat that Francophones have considerable difficulty in joining English-language groups.

R.107 We recommend that the Cancer Society form a French-language section as already considered. Then, it will be easier for the French-speaking population to become involved and share in the work of the Society.

Mental Health Services

The Sudbury-Algoma Sanatorium provides most mental health services to the Sudbury area. For school-age children, the district separate school board is responsible for an excellent programme for retarded children and children with learning disorders.

At the sanatorium, efforts are made to serve Francophones in their language, but as everywhere else, they are faced with the major problem: the shortage of qualified bilingual personnel.

When we visited the sanatorium, there were 16 Anglophone doctors on the medical staff. Of nine psychiatrists, two could understand French and a third was taking a language course. Of 47 employees looking after children and adolescents, 14 were bilingual: among them, four persons on the staff of psychometrists and social workers.

Authorities see that there is always a French-speaking person on each mental health team. The team travels to most towns and villages in the area, including the Elliot Lake-Blind River-Massey area

where there is local mental health council.

We know that efforts are made to give proper services to Francophone patients despite the fact that there are no professionals who speak the language. Forms are bilingual, but interpretation must be provided during interviews, evaluations, etc...

The hospital recognizes that problems do exist and would like to hire more French-speaking staff. A number of staff members have indicated they would undertake language courses.

R.108 We recommend that the bilingualism programme in hospitals that we recommend to the Government of Ontario apply to the Sudbury-Algoma Sanatorium(1).

IN THE SCHOOLS

The Sudbury District Separate School Board retains the services of a psychologist, three psychometrists and a social worker to serve the school population of more than 14,000 Francophones.

The Board has established three classes for retarded children and three classes for children with partial deafness.

We are advised of discrepancy in the grant system: grants to the separate schools, as set for elementary schools, are of $926 per pupil. Classes established by the Board of Education receive secondary school-level grants of $1,441 per pupil(2).

ALCOHOL AND DRUGS

The Alcohol and Drug Research Foundation hires bilingual employees and tries hard to adequately serve the French-speaking population of the Sudbury area.

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(1) - See also pages 47 to 59.

(2) - 1975 figures.

The local organization however must cope with numerous difficulties in public information endeavors because of the limited supply of literature available in French.

We formulate recommendations which can apply to this Foundation, an agency of the Ministry of Health, in the chapter on Agencies and Volunteer Organizations[1].

Professional Services

The Sudbury area is a typical example of the shortage of French-speaking professionals. Of 173 physicians in that area, 34 are French-speaking. Of the 61 family physicians, only 17 speak French. A number of surgeons are bilingual, but there is only one internist, one pediatrician, two anesthetists, no psychatrist....

Chelmsford does not have a bilingual doctor. In Hanmer, where the local Caisse Populaire (Credit Union) sponsors a medical clinic, only one of the four professionals speaks French. The same problem exists at the municipal clinic in Noëlville where only one of the three doctors speaks French. All these communities are highly-predominant in French. Burwash, Coniston and Levack do not have French-speaking physicians although the French population in each town is significantly high.

An area where one third of the population is French and only 20 percent of the doctors are French cannot be considered well served in its own language. Added to it is a serious shortage of French-speaking specialists and notably psychiatrists.

The situation calls for practically doubling the number of bilingual professionals in the Sudbury area. At the present time, French-speaking general practitioners are overburdened and some of them are unable to accept new patients. Also important is the recruiting of French-speaking specialists.

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(1) *See pages 69 to 72.*

The Sudbury area should give a high priority to the medical needs of the French-speaking population of Ontario. Our recommendation[1] on this matter makes a lot of sense when considering this situation.

R.109 We recommend that the following communities be included in the programme for Regions which are Underserviced in French: Chelmsford, Coniston, Hanmer and Sudbury.

Training

Being a university centre, Sudbury should be endowed with courses in health sciences which would meet the requirements of the 172,730[2] French-speaking residents of Northern Ontario. Unfortunately, this is not the case.

At the university level, there are no French-language courses in health sciences other than psychology and sociology. We will discuss the nursing sciences course which should be given in French.

On the college level, Cambrian College of Applied Arts and Technology has a French-language advisory committee and a "French-Language Programme" which includes a number of courses related to health. But, much is left to be done since there are no complete courses given in French.

The Sudbury area has five French-language secondary schools under the jurisdiction of the school board and two separate private schools being established where students can take grades 9 and 10 in French under the jurisdiction of the separate school board. Altogether,

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(1) - See pages 88 to 90.

(2) - Statistics Canada 1971 - For the Districts of Algoma, Cochrane, Kenora, Nipissing, Rainy River, Sudbury, Thunder Bay and Timiskaming, see Chart 3, page 12.

there are approximately 5,000 secondary school students studying in French in the area.

At the elementary school level, the Catholic Separate School Board has 14,000 students in French-language schools.

Laurentian University

This institution, which claims to be bilingual, offers only a limited number of courses related to health sciences. Not all are offered in French.

Sociology is a subject in which a concentration can be obtained in French. This is not possible in social sciences. Finally, psychology can be taken entirely in French.

1 - Nursing Sciences

The teaching of nursing sciences - a Bachelor of Sciences Course - is given only in English. However, authorities recognize the need to give the course in French and have also outlined a project to study its establishment.

According to statistics given to us by the university, 25 percent of the first-year students are French-speaking (out of a class of 40). In fact, one-third of the first-year class in 1975-76 was French-speaking.

The Director of the School of Nursing admits that while the school has been successful in attracting French-speaking students, it has not been successful in keeping them. Last year, half of the Francophones enrolled had dropped out before the end of the first year.

For three of those students, the only reason for abandoning was that they were unable to continue their studies in English.

The university has two concerns about the feasibility of giving a nursing course in French:

i) - whether they would have a sufficient number of candidates;

ii) - whether there are enough job openings for French-speaking graduates.

We are able to answer that, last year, there were 104 Grade 13 students in French-language high schools in Ontario who indicated they wished to continue their studies in French in order to obtain their Bachelor of Sciences Degree in Nursing[1]. There is no such course given in French in Ontario. The demand, we say, would also be higher were a French-language course offered.

The answer to the second question is clear and nurses are in demand throughout the North. Let us look at the figures in Sudbury, for instance: Health Unit - seven bilingual nurses out of 42; Laurentian Hospital - 32 out of 59; Memorial Hospital - 30 out of 92; Sudbury General Hospital - 9 out of 196; Sudbury-Algoma Sanatorium - 13 out of 40. And, the university serves the whole North: a similar shortage exists in North Bay, Kirkland Lake, Timmins, Kapuskasing, Hearst, Elliot Lake, Espanola...

We have already recommended, in the chapter on the Training of Personnel[2] that a Bachelor of Sciences Degree in Nursing be given in Sudbury. We also ask that the Health Sciences Education Committee (Interministerial) make funds available to universities in Ottawa and Sudbury for a joint project which will facilitate the teaching of health sciences in French.

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(1) - See pages 101 to 103.

(2) - "L'Avenir des Etudiants Franco-Ontariens" - Ministry of Colleges and Universities.

R.110 We recommend:

. That the School of Nursing of Laurentian University give a parallel course in Nursing Sciences in French.

2 - Other programmes

The university has established an objective of "preparing the greatest number of students for the working world where the need is felt for graduates able to achieve maximum efficiency in their task within a bilingual community(1)".

This is why we would like to ask Laurentian University to undertake future projects which will fill the vacuum presently existing within the French-speaking community of Ontario, especially in Northern Ontario.

Like the University of Ottawa, Laurentian University must try to remedy shortages evident in dentistry, optometry and physiotherapy.

We will not repeat our comments on the problems, but we want to point out that:

i) - Franco-Ontarians do not receive services in their language;

ii) - young people do not enjoy equal opportunity for training in these sciences.

We do not think it would be any more of a burden for Laurentian University to organize a faculty of dentistry, optometry or

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(1) - F.J. Monahan (Rector) - Tour d'Horizon - 1975-76 (Our translation).

physiotherapy, than it is in Ottawa. We also believe it would be as feasible in Sudbury as readily as in Ottawa, to form French-language faculties of medicine, dentistry, optometry, to serve French-speaking minorities outside Québec.

We cannot find any figures which would indicate it would be more taxing to form these faculties in Sudbury. In fact, it could possibly be more advantageous to undertake such a project at the more recently-opened university than it would be in Ottawa.

In any event, we ask the university to undertake such a study jointly with Ottawa and the Council on Franco-Ontarian Affairs to facilitate the task[1].

Cambrian College

Cambrian College in Sudbury conducts French courses in social services and on the care of exceptional children within its present programme.

We are pleased with this initiative because of the great need for such services in the province. And, if programmes for the care of exceptional children are undertaken to answer the present needs, there will be an even greater need for social workers to handle such programmes.

But, Cambrian College should do much more. This college has a nursing diploma course graduating 65 persons a year. Authorities recognize two very significant features:

i) - from 30 to 50 percent of the students are French-speaking;

ii) - other students wishing to continue their studies in French are referred to Ottawa.

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(1) - See also pages 93, 94 - R.22.

Nevertheless, a French class has yet to be formed.

We are sure there would be a sufficient number of candidates: 265 Francophones[1] in Grade 13 in Ontario wish to undertake a nursing diploma course in French and there are only 65 places in Ottawa where the only French-language course is conducted at the present time.

We have heard testimony from a number of Franco-Ontarians residing in Northern Ontario who were refused admission at that school. Others go directly to Ottawa. And yet, French-speaking nurses are needed in Northern Ontario more than anywhere else[2].

The president of the college is convinced that the present programmes serve to satisfy the needs of the French-speaking population of the area both from the point of view of students wishing to continue their studies in French and from the point of view of the employers who are endeavoring to employ a bilingual personnel of higher training[3].

We do not agree:

i) - a number of students expatriate themselves to take their nurses' training in French in Ottawa;

ii) - a number of hospital and health agencies (not to mention doctors' offices) are looking for French-speaking nurses.

Finally, we must add a third point of view: Francophones in the Sudbury area are short of services given them in their own language.

In the chapter on the Training of Personnel[4], we also recomment that a nursing assistants course be given in French in Sudbury. Cambrian College is the logical institution to conduct such a course.

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(1) - L'avenir des étudiants Franco-ontariens -(14.9 percent of 1,886)-

(2) - See Laurentian University, page 221.

(3) - Tour d'Horizon - 1975-76, p.21.

(4) - See page 109.

BLIND RIVER-ELLIOT LAKE AREA

	POPULATION	FRENCH-SPEAKING	% FRENCH-SPEAKING
ELLIOT LAKE	9,090	2,605	28.7
BLIND RIVER	3,450	1,205	34.9
Espanola	6,045	1,570	26
Massey	1,275	305	23.9
The area: (Townships from Thessalon to Espanola)	6,760	1,405	20.8

The area extending from Thessalon to Espanola along Highway 17 is part of two different geographic districts: Algoma and Sudbury. But, this region is self-governing in relation to services such as hospitals, doctors, school boards. Because of these different aspects, we have decided to make a special study of the area: a number of situations are not related to the county seats of Sudbury or Sault Ste. Marie.

In the previous chapter, we dealt with Public Health services in the Blind River-Elliot Lake area, dispensed by the Sudbury and District Health Unit. Mental health teams from the Sudbury-Algoma Sanatorium work with the Community Mental Health Association in this area, and we have already dealt with their situation, in the previous chapter.

Hospital Services

Four hospitals serve the region: St. Joseph, in Elliot Lake; St. Joseph, in Blind River; the General Hospital, in Espanola, and the Red Cross Hospital, in Thessalon.

St. Joseph Hospital - Elliot Lake

Judging from the number of bilingual employees in this hospital, French communication should be guaranteed at all times. However, we have received a number of complaints showing it is not so.

In nursing services, 12 of the 45 employees are bilingual. Problems which have come to our attention were in pediatrics, emergency and the admitting office. On the hospital board, three of the 14 members are Francophones.

St. Joseph Hospital - Blind River

The assistant director of this hospital is French-speaking. There are also seven office employees who are bilingual. Twelve of the 33 graduate nurses and half of the 22 nursing assistants are able to speak French.

We have not received any complaints from Blind River and conclude there are no serious communication problems at the hospital. However, only three of the 13 members of the hospital board are bilingual, while one-third of the population is French-speaking.

Espanola General Hospital

Even though 25 percent of the population of Espanola is French-speaking, only one bilingual person is found among the 16 nurses working at the Espanola General Hospital. Among the eight nursing assistants, two are bilingual.

Two of the 14 members of the hospital board are French-speaking.

Present conditions call for an improvement of French-language services at the Espanola General Hospital in order to offer a more adequate service to the French-speaking population of Espanola and the adjoining area.

Red Cross Hospital - Thessalon

This hospital is situated in a district which is relatively bilingual, but in a town where there are only 155 persons who speak French. The nursing director seems to be the only person on the staff able to speak French.

We cannot make recommendations regarding this hospital: we simply hope that authorities will become more aware of the need to communicate with French-speaking patients.

Recommendations:

R.111 . We recommend that St. Joseph Hospital in Elliot Lake, St. Joseph Hospital in Blind River and Espanola General Hospital be classified in Category III and that the hospital boards immediately take the necessary steps to fill the standards we suggest for that category[1].

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(1) - See pages 47 to 59.

Professional Services

Figures indicate that 4 of the 18 professionals practising in this area are bilingual[1].

Elliot Lake is already on the list included in the Underserviced Areas Programme. It would be advisable to recruit bilingual doctors for that community.

Espanola and Thessalon should be recognized as Regions which are Underserviced in French[2].

There are no French-speaking dentists nor optometrists in that area. The language factor should be taken into account when recruiting health professionals for this region.

Other Services

1 - The Workmen's Compensation Board

We are informed that, in Elliot Lake, the Workmen's Compensation Board offers its services in English only. The same situation exists in rehabilitation services which we consider very important in a mining community.

We recommend:

R.112 . That the Workmen's Compensation Board review its positions in the Elliot Lake office and take the necessary measures to guarantee services in French.

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(1) - See Chart 7, pages 78 to 82.

(2) - See pages 88 to 90.

2 - Family Life Centre

The Family Life Centre in Elliot Lake has no bilingual employees and cannot adequately serve the French-speaking population: this was brought to our attention in a public hearing.

The organization feels there are not enough French-speaking persons interested in volunteer work. This is a situation which we have met throughout the province and we comment on this subject on the chapter on "Agencies and Volunteer Organizations"(1): unless French-language sections are formed, it is difficult to recruit Francophones to support volunteer endeavors.

R.113 We recommend that the Family Life Centre at Elliot Lake form a French-speaking section.

3 - In the Schools

Parents and school authorities in this area brought it to our attention that psychological services were not available to the 1,565 pupils in French-language primary schools. A few weeks earlier, we had learned that the Sudbury District Separate School Board had a full-time bilingual team(2) offering these services.

Looking back into the matter, we learned it would be possible for the Sudbury and the North Shore Boards to enter into an agreement whereby the Sudbury team could offer these services in French in the Elliot Lake and Blind River area.

R.114 We recommend that the North Shore Separate School Board negotiate an agreement with the Sudbury District Separate School Board for psychological services for Francophone students in their own language in the Elliot Lake and Blind River area.

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(1) - See pages 69 to 72.

(2) - See also page 217.

SAULT STE. MARIE

Despite our efforts, we have been unable to generate enough interest to hold a public hearing in Sault Ste. Marie. However, a local doctor met us to express his views and experiences; the local medical society cooperated in our survey and some hospitals answered our survey questionnaire.

Unfortunately, it seems that the French-speaking population of this community is short of momentum. One of their leaders admitted: "We are not numerous and must accept whatever is offered in health services".

Without the cooperation of the community, we cannot analyse the needs of the 6,955 French-speaking residents of Sault Ste. Marie. They would have to take some initiative: that they recognize the need, that they let it be known, and then, that they make their own representations.

R.115 We recommend that the Association Canadienne-Française take the initiative and survey the needs in health services in the Sault Ste. Marie area and submit its findings to the Director of French-language Programme of the Ministry.

Without this initiative, without local leadership, we doubt if the government will take any steps to give the Francophones of that area services which we cannot be certain they want.

It seems that there are very few services in French in Sault Ste. Marie. Hospitals participating in our survey have very few French-speaking persons on their staff and no services in French. The health unit has a few bilingual employees, and we doubt if the visits in French-language schools are conducted in French.

Among the professionals, it seems that there is a sufficient number of doctors who speak French.

We would not want to seem pessimistic, but at the present time, we do not believe we can help the French-speaking population of Sault Ste. Marie. Medicine does not have the cure for the present ill.

WAWA AND CHAPLEAU

	POPULATION	FRENCH-SPEAKING	% FRENCH-SPEAKING
WAWA	4,870	1,015	20.8
CHAPLEAU	3,390	1,455	42.9

As indicated earlier, we have made a small geographic district of Wawa and Chapleau in order to compile statistics. These two communities are too far removed from the seats of their counties (Sault Ste-Marie and Sudbury) to give them any common characteristics with the districts of Algoma and Sudbury.

In these two communities, there are significant groups of French-speaking residents. A certain regrouping has been witnessed in the younger community of Wawa where French classes have been formed.

Traditionally, life in French is more deeply-rooted in Chapleau where Franco-Ontarians have lived for many years: the French school and the French parish are well established.

But, we have received no communications from residents of these two communities. We rely entirely on figures received from the medical societies and the hospitals.

One of the four doctors in Wawa speaks French. Other than the fact that the doctor-population ratio is lower there than the Ontario figure, we have no comments to make regarding professional services in that community.

We did not obtain any figures from Lady Dunn General Hospital in Wawa. We will make sure that hospital authorities receive our report so they are informed of our recommendations and hope they will study the situation. If Franco-Ontarians in that community believe there should be improvements, they should contact the hospital board and the Director of the French-Language Programme who, we hope, will be named by the Ministry of Health in the near future.

Chapleau, on the other hand, has only two doctors, both English-speaking. We are aware French-speaking personnel are employed in one of these offices. For professional services in general, the situation is similar to the one we meet throughout the Northland: a general shortage of doctors.

Lady Minto Hospital in Chapleau already meets our standards of bilingualism in admitting, reception and nursing services. The administration is unilingual in English and only three of the 14 members of the hospital board are French-speaking. We do not believe we are imposing a very difficult task when classifying this hospital in Category III.

We recommend:

R.116 . That Lady Minto Hospital in Chapleau be classified in Category II and that authorities take the necessary steps to meet the standards we have established for bilingual hospitals with English predominance(1).

R.117 . That the Town of Chapleau, already listed as an Underserviced Area, be classified as a Region which is Underserviced in French so that steps will be taken to obtain a French-speaking doctor for that community(2).

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(1) - See pages 47 to 59.

(2) - See pages 88 to 90.

DISTRICT OF COCHRANE

	POPULATION	FRENCH-SPEAKING	% FRENCH-SPEAKING
DISTRICT OF COCHRANE	95,840	47,100	49.1
Timmins Area	65,770	28,345	43.1
Hearst-Kapuskasing Area	30,070	18,555	62.7

The District of Cochrane is very large and is divided in two distinct areas. In the Southern portion, the Timmins Area Franco-Ontarians represent 49.1 percent of the population. In the Northern portion, the Hearst-Kapuskasing Area, they make up a larger majority, representing 62.7 percent of the population. (In Hearst, Francophones represent 78.4 percent of the population and, in Kapuskasing, they represent 57.7 percent.)

Psychiatric Care

Following the closing of the Northeastern Health Centre by the Ministry of Health, St. Mary's General Hospital has been responsible for psychiatric services in Timmins, Iroquois Falls, Cochrane and Matheson. The internal services unit is known as "St. Mary's General Hospital Mental Health Unit", while the external unit is called "St. Mary's General Hospital Community Mental Health Services".

The new centre has the following staff: a non-resident medical director, a medical and clinical coordinator (bilingual), a psychometrist

(bilingual), two social workers (bilingual), a psychometrist and a rehabilitation officer who are unilingual in English. The community mental health services are able to call upon the different community health agencies (Health Unit, V.O.N., Children's Aid, social services, etc...).

The staff for internal and external services of this new centre is mostly unilingual in English, having been hired from the staff of the Northeastern Hospital which was closed.

Since we are classifying St. Mary's Hospital in Category III, it is understood that the standards established for services in this institution should apply to psychiatric services.

In the Northern portion, a second community mental health unit is being formed at Kapuskasing. Since there is no bilingual psychiatrist, this team will be headed by an Anglophone psychiatrist. The bilingual psychometrist employed in Timmins will work with this team. We hope that the mental health team will attain a fair level of bilingualism in order to adequately serve the population which is 62.7 percent French-speaking.

ALCOHOL AND DRUGS

The Alcohol and Drug Research Foundation (ADRF) offers counselling services at the mental health unit of St. Mary's Hospital.

The Foundation has a bilingual employee in Kapuskasing and two English-speaking employees in South Porcupine.

R.118 We ask the Alcohol and Drug Research Foundation to employ a French-speaking person to serve in the Timmins area.

PSYCHOLOGY

We are also told of difficulties in obtaining the services of a French-speaking psychologist who is able to converse with the students

since the only psychologist employed by the separate school board in Kapuskasing speaks English only.

R.119 We recommend that the Roman Catholic Separate School Board of the District of Kapuskasing take the linguistic needs into account in the hiring of its evaluation team and in the psychological services to Francophone students.

The Health Unit

The Porcupine Health Unit serves the area extending from Hearst to Matheson.

The Board of Health has 13 members, nine of whom can communicate in both languages. There are 24 bilingual persons on the professional staff while only five of the 22 employees in support services can assume bilingual duties in the offices. It seems that bilingual services are lacking in Timmins more than anywhere else in the district.

The most apparent problem exists in French-language schools visited by English-speaking health nurses. Authorities admit that such is the case in five of the 47 French-language schools of the area served.

There is an urgent need for bilingual health nurses considering the fact that 99 percent of the pupils in French elementary schools speak French only, that at least 50 percent of the parents are not at ease when speaking English and that 10 percent of the parents speak no English(1). Health unit authorities tell us that interviews in French schools and French families are "usually" in French. We are assured that efforts are being made to hire bilingual staff to serve more adequately the 47,100 French-Canadians in the District of Cochrane.

The health unit conducts prenatal courses in English and French.

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(1) - According to the Directors of French-language schools.

We make recommendations to the board of the Porcupine Health Unit:

R.120 . That the Porcupine Health Board establish a higher level of Francophone representation in its ranks taking into account the standards which we recommend to the Ministry of Health.

R.121 . That the Porcupine Health Unit fill the linguistic requirements among its personnel in accordance with the standards we have established for bilingual regions(1).

R.122 . That the Porcupine Health Unit support the efforts of Northern College on behalf of French courses in health sciences by showing provincial authorities their requirements in bilingual personnel and by giving priority to bilingual job applicants.

Training

In post-secondary education, all of Northeastern Ontario is served by Northern College which is situated in Timmins but offers courses in most communities including Kirkland Lake, Kapuskasing, Hearst...

Northern College accepts graduates of five French-language high schools in the Districts of Cochrane and Timiskaming(2), representing a total registration of more than 3,000 students.

The College informs us that, since 1968, 40 percent of the graduates in nursing sciences and 59 percent of their graduates in nursing

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(1) - See pages 60 to 62.

(2) - Ecole secondaire Ste-Marie, New Liskeard
Ecole secondaire Thériault, Timmins
Cité des Jeunes, Kapuskasing
Ecole secondaire de Cochrane
Hearst High School

NORTHERN COLLEGE

(Graduates in health sciences)

YEAR	GRADUATE NURSES		REGISTERED AIDES (R.N.A.)		CERTIFIED AIDES (C.N.A.)					
	TIMMINS		TIMMINS		COCHRANE		HEARST		KAPUSKASING	
	T.	F.	T.	F.	T.	F.	T.	F.	T.	F.
1968	26	8								
1969	31	13								
1970	33	10	16	4						
1971	36	10	17	5						
1972	32	14	28	6						
1973	21	6	30	10						
1974	33	21	32	12	13	6	12	11	10	10
1975	36	17			6	1				

Chart 13

assistants' courses are Francophones. Also, the greatest majority of assistants who were trained in Kapuskasing and Hearst are Francophones. Exact figures since 1968 appear on Chart 13 in the preceding page.

R.123 We recommend without reservations that Northern College organize a class for Nursing Sciences and a French-language class for nursing assistants in Timmins. Also, it is logical that nursing assistants' courses in Hearst and Kapuskasing be conducted in French since 99 percent of the students are French-speaking.

Formal recommendations on this subject are included in the chapter on the Training of Personnel[1].

The college would also be rendering a great service to the French-speaking population by offering intensive courses in medical terminology for English-speaking medical personnel wishing to learn French. We also hope that French-language courses on subjects are related to health sciences given at the college will continue.

Hearst University College

Although most of our remarks and recommendations deal with Northern College, we must not fail to mention the commendable job accomplished by the Hearst University College. The most important aspect of the role of this French-language college affiliated to Laurentian University is that it offers French-speaking students an opportunity to obtain their college training in French at home before going on to graduate training in other universities.

Options in sociology and psychology at the college have produced specialists in these sciences able to serve the French-speaking population of Northern Ontario.

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(1) - See pages 103 to 111.

We can only wish it success and long life and, were there to be any alterations to the present status, that the number of courses be increased to offer a wider range of training options to Franco-Ontarians.

Ambulance Service

We have received complaints regarding ambulance services in Timmins. Since five of the 10 employees are bilingual, it seems that the problem is one of distribution of staff within each team. Thus, we only have one recommendation:

R.124 . Since 50 percent of the staff is bilingual, that authorities in ambulance services in the Timmins area organize their work schedule to guarantee services in French at all times.

Professional Services

1 - In the Timmins area, only 14 of the 60 doctors speak French and they are serving a population of which 49.1 percent is French-speaking. (The largest language group in the District of Cochrane[1].)

In the City of Timmins itself, nine doctors say they are able to speak French.... to serve 13,025 Francophones. In Iroquois Falls, 3,550 French-speaking residents have no professional services in French since all four doctors speak English only. The three doctors practising in Matheson are bilingual. This shows that the whole Timmins area should qualify as a Region which is Underserviced in French within the French-Language Programme[2].

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(1) - Statistics Canada: 1971 Census: French: 49.1% - English: 40.1% - Others: 10.7%

(2) - See pages 89, 90.

During our public hearing in Timmins on September 19, 1975, we were informed of endeavors by the Timmins Council to recruit doctors. Nothing indicates that Francophone professionals were sought to serve the French-speaking population. That is why we must repeat our remarks which we made to the Francophone citizens of Timmins that, through their French-language social and cultural organizations, they form committees which will set as their objective to assist authorities in the recruiting of French-speaking doctors.

2 - Although the Medical Society chose not to cooperate in our survey, we have established that five of the 12 doctors in Kapuskasing and one of the three professionals in Smooth Rock Falls are bilingual. In Hearst, only three of the seven doctors are able to speak French.

In the three communities mentioned, the number of French-speaking professionals cannot assure quality services to all those who would like to obtain professional services in French.

This shortage of professionals is felt especially in specialized care, in English or French.

We recommend:

R.125 . That persons responsible for the recruiting of doctors take into account the high proportion of French-speaking residents of the District of Cochrane

R.126 . That publicity given to the campaign to recruit doctors for the District of Cochrane mention that a knowledge of French is an asset to medical services in the area.

Hospital Services

Our survey questionnaires to hospitals in the area show that, in most cases, the board and the administration of hospitals are unilingual in English. Most agree that Francophones should receive services in French but believe that the occasional translation and the hiring of a few bilingual persons will assure adequate services to Franco-Ontarians.

St. Mary's Hospital, Timmins

The Board of St. Mary's Hospital, at the time of our survey, had only three bilingual persons among 15 members. We learned afterwards that, in the 1976 elections, only one French-speaking person was elected on the board. This is certainly not an adequate French-speaking representation.

St. Mary's Hospital has a relatively good proportion of French and English employees both in the administration and in nursing services.

Complaints were received although the emergency department has five bilingual graduate nurses, one nursing assistant and two clerks who are bilingual. In pediatrics, four of the nine graduate nurses speak French, seven aides are bilingual but the clerk is an Anglophone.

Porcupine General Hospital

At the Porcupine General Hospital, the English-speaking Executive Director advises us he believes "that we have a sufficient number of bilingual employees who can serve as interpreters when required". After looking at the statistics we received, we are far from being convinced.

Bingham Memorial Hospital, Matheson

The situation at Bingham Memorial Hospital is similar to that in South Porcupine.

The Executive Director assures us there is no communication problem since the hospital has enough multilingual staff to "look after the different nationalities served by the hospital".

Lady Minto Hospital, Cochrane

At the Lady Minto Hospital in Cochrane, there is a good ratio of bilingual staff including 12 of the 24 graduate nurses, 10 of the 21 nursing assistants and five of the nine ambulance attendants. Twelve of the 14 members of the Hospital Board are French-speaking. The Executive Director in English.

Anson General Hospital, Iroquois Falls

In Iroquois Falls, only three of the 11 members of the Hospital Board are French-speaking. The Executive Director of Anson General Hospital speaks English only. However, about half of the staff speaks French.

Notre Dame Hospital, Hearst

Notre Dame Hospital encounters a certain amount of difficulty in its efforts to offer services in French. These are common to other institutions wishing to serve their patients in French.

First, we must point out there is a problem in recruiting staff. Even if the area served is 83 percent French[1], only

(1) - This figure, given to us by the hospital, takes in Hearst and the immediate area.

about 50 percent of the nurses and 63 percent of the other members of the staff are bilingual. Services in the two languages cause extra financial burdens.

Sensenbrenner Hospital, Kapuskasing

Only six of the 14 members of the Board of Directors of Sensenbrenner General Hospital in Kapuskasing are able to speak French. The Executive Director and his assistant are both bilingual. Only 18 of the 45 graduate nurses are bilingual. The Director of Nursing, five of the seven nursing supervisors and four of the five head nurses are English. The situation, from a French-language point of view, is more favorable in paramedical services.

Smooth Rock Falls Hospital

In Smooth Rock Falls, the Executive Director of the Hospital is English-speaking, but six persons on the 11-member Board of Directors are bilingual. The Director of Nursing knows basic French but only four of the nine nurses are bilingual. There is a majority (5 out of 7) of French-speaking employees among the nursing assistants.

Hornepayne

According to our survey questionnaire, there are absolutely no services in French at the hospital in Hornepayne.

R.127 We recommend:

. That hospitals in the District of Cochrane be classified as follows and that the hospital boards take immediate action to see that they meet the requirements we suggest[1]:

(1) - See pages 47 to 59.

. Category I - Notre Dame Hospital, Hearst

. Category II - Smooth Rock Falls Hospital
- Anson General Hospital, Iroquois Falls
- Sensenbrenner Hospital, Kapuskasing

. Category III - St. Mary's Hospital, Timmins
- Porcupine General Hospital, South Porcupine
- Lady Minto Hospital, Cochrane
- Bingham Memorial Hospital, Matheson

Home For The Aged

We received three complaints about the language of communication at the Golden Manor, the home for the aged in Timmins. A person appearing at our hearing pointed out that 70 percent of the patients are French-speaking but that verbal exchanges between residents and staff are always in English.

They are describing a rather common occurence. The French-speaking staff speaks English to the French-speaking senior citizens.

R.128 We recommend that the Ministry of Community and Social Services be aware of the complaints about communication between French-speaking residents and staff at the Golden Manor in Timmins and take corrective measures.

DISTRICT OF TIMISKAMING

	POPULATION	FRENCH-SPEAKING	% FRENCH-SPEAKING
DISTRICT OF TIMISKAMING	46,485	12,975	27.9
Kirkland Lake	15,205	3,065	20.2
New Liskeard	5,490	1,375	25.0
Haileybury	5,280	2,020	38.3
Cobalt	2,200	750	34.1
Englehart	1,720	105	6.1

The District of Timiskaming has a complex makeup. The district population is 27.9 percent French, a proportion which is sukkiciently high to warrant all services in the French language. The largest centre, Kirkland Lake, (pop. 15,205) has a French-speaking population of 20.2 percent. In the Tri-Town area (New Liskeard, Haileybury and Cobalt), the French-speaking population represents a little more than one third of the population. But, situated between Kirkland Lake and Tri-Town is the Town of Englehart (pop. 1,720) which is practically 100 percent Anglophone.

The district is very close to Québec: Rouyn-Noranda is only 56 miles from Kirkland Lake and the Québec County of Temiscamingue is only 40 miles from New Liskeard. A large number of Québec families come to live in the Ontario District of Timiskaming. Most of the new arrivals from Québec speak French only.

In the entire district, services in French are hard to come by. There are three main factors blamed for this situation:

a) - the shortage of bilingual personnel at all levels of services;

b) - the absence of Francophones in the administration of public agencies providing these services;

c) - the lack of concern on the part of the administration of most institutions over the fact that these services in French are required.

Professional Services

Kirkland Lake

Only one Franco-Ontarian doctor has practiced in this community for a number of years. He is thinking of retiring but admits he cannot find a replacement, although he has always tried to encourage young people of the area to become doctors. This doctor and two Anglophone colleagues who can get by fairly well in French are the only three doctors in Kirkland Lake who can serve Francophones in their own language.

Doctors in Kirkland Lake also serve the surrounding area where there are a large number of Francophones: Larder Lake, Virginiatown, Matachewan.

About half of the French-speaking population of Timiskaming resides in this area. There certainly is a shortage of doctors to serve them in their language.

Englehart

Although Englehart is a small town, it has six doctors not only for the urban community, but also serving the surrounding area which is of French-speaking predominance.

Of these six doctors, only one speaks French. This is not sufficient to serve a large number of Francophones especially those residing in Earlton, about 10 miles from Englehart.

Tri-Town

There is only one French-speaking professional among the 13 doctors practising in Tri-Town: six in New Liskeard, six in Haileybury and one in Cobalt.

The shortage of French-speaking doctors is only one of the numerous problems in health services encountered by the French-speaking population of that half of the district.

We have received well over 25 complaints about serious difficulties encountered by people in the area of communication with their doctors.

Faced with this situation, we recommend:

R.129 . That the communities of Kirkland Lake, Virginiatown, Matachewan, Earlton, New Liskeard, Haileybury and Cobalt be included in the Programme for Regions which are Underserviced in French(1).

PHYSIOTHERAPY

In the section on professional services, we have noted the situation in physiotherapy(2). The three hospitals employ six physiotherapists. Only one of them is bilingual.

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(1) - See pages 89 to 90.

(2) - See also pages 95, 96.

Hospital Services

Kirkland Lake and District Hospital

The two-language directional signage system in the hospital gives the Kirkland Lake and District Hospital a bilingual facade. Unfortunately, services are not as bilingual.

There are four Francophones on the hospital board. But, the three top administrative positions are held by persons who do not speak French.

In admitting and reception, there is a sufficient number of persons who are able to communicate in French. The situation in emergency is not as favorable as only one of the six nurses and the clerk are bilingual.

According to hospital policy, there is no query about language spoken when hiring personnel.

Englehart District Hospital

In Englehart, the situation is somewhat similar to that in Kirkland Lake on the board and in the administration: two of the 12 members of the board are bilingual while there are no Francophones in the top five administrative positions at the hospital.

In hospital services, there is practically no French: admitting and reception are in English only. The nurse in emergency is unilingual in English. In nursing services, three of the 12 nurses and two of the seven nursing assistants are able to speak French.

Because of the high English majority of the population of Englehart, we do not classify this hospital among those that should be offering their services in French. But we hope that the sense of justice will prevail and that the administration

will make every effort possible to offer essential services in the French language.

Temiskaming Hospitals

The administration of these hospitals assures us there are "no language difficulties encountered that affect the quality of hospital services provided". We have received many communications which contradict this statement.

Hospital services for New Liskeard and Haileybury will be unified in the new hospital being erected and at the present stage, it is important to obtain guarantees that services to the French-speaking population will be improved.

At the present time, we are told that 151 of the 362 employees are bilingual. But, a brief study of the figures shows that 72 of these Francophone employees work in departments which are not in direct contact with patients: kitchen, maintenance, laundry, technical services.

In September 1975, there were two French-speaking persons among the 14 members of the Hospital Board. No one among the four persons in administration was able to speak French. The four employees in reception and the six employees in admitting were listed as able to speak French.

In nursing services, 17 graduate nurses on a staff of 92, and 33 of the 82 nursing assistants were able to speak French. In the emergency department, only two of the 10 nurses were able to speak French.

We are not satisfied with the level of bilingualism at these hospitals. The communications we have received show that the French-speaking population of that area is not well served in its own language and this can only influence the quality of

these services.

The hospital board has a duty to look after this problem immediately.

R.130 We recommend that hospitals in the District of Timiskaming be classified in the Category we suggest here and authorities take immediate steps to meet the standards we propose[1]:

Category III - (Bilingual hospitals with English predominance)
- Kirkland Lake and District Hospital
- Temiskaming Hospitals

Nursing Home

In the final stages of our study, we were advised that the present hospital buildings in New Liskeard and Haileybury have been sold to a private enterprise and will be used as nursing homes when the new hospital opens.

Since the new owners are from another area and may not be aware of the cultural and linguistic requirements of the French-speaking population of the area, we are concerned about French services in that future institution.

We wish to point out to the new owners of the Temiskaming Hospital that one third of the area population is French-speaking and that it is important to provide French services to those people who will be confined to their institutions.

As outlined throughout this report, haphazard bilingual services are not sufficient to assure that a high quality of services is offered those whose mother tongue is French. It is necessary that steps be taken

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(1) - See pages 47 to 59.

to assure that these patients can understand the staff and be understood at all times.

R.131 We recommend that the nursing home which will be serving the population of the Tri-Town-Earlton area of Timiskaming guarantee services in French at all times to assure a high quality of services to all people served.

Health Unit

Most of the difficulties caused by the shortage of bilingual specialists on the staff of the Timiskaming Health Unit are encountered in French-language schools of the district.

This unit is under the direction of a doctor and an executive director who speak English only. The Health Board is made up of 12 persons who speak English only, which proves our statement in the Chapter on Health Units in Ontario[1]: the Ministry of Health and the Municipalities give no consideration to language when appointing citizens to the administration of these health services.

Only three of the public health nurses speak French: they must serve nine elementary schools and one French-language high school. We have reasons to believe that visits to French-speaking families are conducted in English. (We are told they are conducted in French "whenever possible"). All courses related to health and special clinics are conducted exclusively in English.

The most marked need for services in French is felt in the schools where there is neither a psychologist nor any other specialist who can communicate in French. There is no detection or diagnosis conducted in French for the exceptional children. Of the 32 specialists within the Health Unit (including the nurses), only four are bilingual.

We believe it is the duty of the School Boards which provide

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(1) - See pages 60 to 62.

educational training in French to demand that public health services offered in their French-language schools be conducted in French. We give, elsewhere in our report[1], *an account of the problems encountered by exceptional children when we are unable to provide them with the whole range of special care which they require.*

R.132 We recommend that, within the framework of the recommendations we make to the Ministry[2], the Temiskaming Health Unit guarantee a better representation to the Francophone population, on its Board and within its staff, thus acquiring a better understanding of the needs and offering better services to the French-speaking citizens.

Training

The District of Timiskaming has a fine network of French-language elementary and secondary schools providing education in French. On the college level, the area is served by the Kirkland Lake campus of Northern College.

In the chapter on the District of Cochrane, we review the policies of this College, the courses offered and its projects for a greater availability of French-language courses[2].

Graduates of French-language high schools in the Timiskaming District rely mostly on the University of Ottawa, Laurentian University and Algonquin College in Ottawa to further their studies in French. Any improvements to educational training in French concern them.

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(1) - See pages 37 to 42.

(2) - See pages 60 to 62.

(3) - See pages 237 to 239.

But, in Northern Ontario, it is important to keep the graduates in the area. We repeat that the best way to obtain French-speaking specialists is to train them locally: a large number of those who go elsewhere for their training do not return.

Timiskaming is thus another reason to ask for a French-language nursing diploma course in Timmins. It is important that training be available in a community as close as possible to the student's hometown where he or she can feel at home in a French ambience.

Participation

Throughout our observations on Timiskaming, we note there is a definite shortage of French-speaking people on the boards of the hospitals and the health unit.

We recommend that the various levels of government appoint French-speaking persons to these boards.

But, it is also necessary that these people want to participate. It is with regret that we have noted that very few persons from the Kirkland Lake area came to meet us. We do not place the blame on apathy, but rather believe it is a matter of lack of information and organization.

In the Earlton, New Liskeard, Haileybury and Cobalt area, a large number of persons participated in our study. But, there again, there seems to be a lack of information.

It is important that Francophones unite, be informed and offer a common front to assert their rights in an area of primary importance such as health services.

The recommendations we make following our observations cannot alone bring about improvements. There must be a follow-up and this will come only when the Franco-Ontarian population asserts its rights.

OTHER AREAS

We would have liked to further our studies in a number of other areas where there are significantly large groups of Franco-Ontarians. Unfortunately, we encountered problems which could not be overcome because of the time available and, in other instances, because of the absence of interest on the part of the French-speaking population.

Although we advertized and made personal representations in areas such as Thunder Bay and Pembroke, the French-speaking population of these areas did not show any interest in our task.

We understand that the French-speaking population is submerged in English-speaking majorities and Francophones often reside in areas far separated from other French groups: they have learned to accept what is offered and to ask for very little.

Secondly, of these areas, only Pembroke, in the County of Renfrew, is recognized by the government as an area where French-language services should be offered.

We made a brief count of professional services in Pembroke, but received absolutely no cooperation in other fields. Looking back at the heroic struggles for educational rights staged there in 1912, we are particularly grieved. We can only hope that someone will assume the leadership, because this is what seems to be lacking.

But, we must leave to others the study of the degree of dynamism of the French-speaking population of these areas. We stayed within the regions where the government offers French services and where the population wants services in French.

But, we are not pessimistic. We recommend that the Ministry undertake a French-Language Programme which will offer a follow-up to our recommendation and will also endeavor to improve health services to the French-speaking population of the whole Province of Ontario.

ANNEX

	Mental Health:	
R.23	. . Financial assistance for bilingual community mental health teams in certain regions	95,96
R.7	. Children's mental health services: a study of the present situation and the eventual establishment of homes in Ontario	42,43
R.61	. Robert Smarts Centre in Plantagenet	43,162
R.57,62,63,64	. Mental Health Coordinating Committee in Prescott-Russell	159,164,165
	Public Hospitals:	
R.8	. Classification in five categories according to population served and the hospitals' reasons for being (See Charts 5 and 6)	47 to 59
R.8,10	. Government standards	47,48
R.10	. Special grants for hospitals to attain required standards	49
	Agencies and volunteer organizations:	69 to 72
R.17	. Translation of their information literature	72
R.18	. Financial assistance to translate information programmes	72
	Foster Health Education:	
R.30	. Study the need for technical courses in French in health sciences	99
R.25,53	. Publicize the availability of courses and positions in health disciplines to French-language high school students	97,131
	MINISTRY OF HEALTH and MINISTRY OF COLLEGES AND UNIVERSITIES	
	Through their participation on the Joint Committee on Health Sciences Education:	
R.21	. Negotiate an agreement with Quebec: 15 medical students a year for 10 years	93,94

	. Encourage and assist the University of Ottawa:	
R.19,45,46,47	- bilingual Faculty of Medicine	86,87,117 to 122
R.31,48	- bilingual School of Nursing	101,102,110,122 (to 124
R.49	- continuation of bilingual programme in the School of Dietetics	125
	. Encourage and assist the University of Ottawa and Laurentian University to study projects:	
R.22,29,50,51	- for bilingual schools of dentistry, optometry and physiotherapy	98,126 to 128,222 223
R.22	- for French faculties for minorities outside Quebec	93,94,127,223
	. Encourage and assist Laurentian University:	
R.32,33,110	- French-language course at the School of Nursing	102,103,110,220 to 222
	. Encourage and assist Algonquin College, Ottawa:	
R.35	- continue nursing diploma course in French	103,111,128 to 130
R.52	- more health sciences courses in French without minimum restrictions for registrations	103,130
	. Encourage and assist St. Vincent Hospital, Ottawa:	
R.37	- continue nursing assistants' course in French	111
	. Encourage and assist Cambrian College, Sudbury:	
R.36	- French-language nursing diploma course	104,111,223,224
	- French-language course for nursing assistants	109,224
	. Insist that Canadore College, North Bay:	
R.34	- remove its English-language requirements for admission	110,195,196
R.89	- maintain the French-language nursing assistants' course in Sturgeon Falls	107 to 109,197,198
	- revise its bilingual policy	195,196

	. Encourage and assist Northern College, Timmins:	
R.36,123	- institute a nursing diploma course in French	105,106,111,239
R.38,123	- hold nursing assistants' course in French in Hearst and Kapuskasing	109,111,239
R.24	- hold French-language courses in psychiatric nursing	95,96,106
	. Encourage and assist community colleges:	
R.34	- remove linguistic requirements for admission in health sciences	110
R.39	- hold medical terminology courses in French	111
R.24	- hold bilingual courses in psychiatric nursing	96
R.26,27,50,51	. Inform Ontario universities of the shortage of French-language health professionals and encourage the admission of Franco-Ontarians in schools of: Medicine, Dentistry, Optometry, Therapy	97,98,126 to 128
	MINISTRY OF HEALTH, MINISTRY OF COMMUNITY & SOCIAL SERVICES, MINISTRY OF EDUCATION.	
R.6	Participate in a study of care to Exceptional Children in the province conducted by three full-time specialists for the planning of proper care to Francophones in Ontario	37 to 42

ADVISORY COUNCIL FOR FRANCO-ONTARIAN AFFAIRS (Ministry of Colleges and Universities and Ministry of Culture and Recreation)		
R.22	Organize an inter-governmental study in view of forming, at the University of Ottawa or at Laurentian University, all-French schools of Medicine, Dentistry, Optometry and Physiotherapy for Francophone minorities outside Quebec	93,94,223
ONTARIO HOSPITAL ASSOCIATION		
R.12	Form a bilingual hospital administrators' committee to study the special needs of Francophones	43,44,50
HOSPITAL MEDICAL RECORDS INSTITUTE		
R.11	Keep data on patients' language of communication	44,50
CANADIAN MEDICAL DIRECTORY		
	Indicate the languages spoken by the professionals in the index published annually	76
ASSOCIATION CANADIENNE-FRANCAISE DE L'ONTARIO		
R.13	Study ways and means of ensuring French-language volunteer services in hospitals	50,69
R.40	Organize meetings to follow up this report	112,113
R.41	Encourage the participation of Franco-Ontarians in the administration of health services	112,113
R.42	Ensure that the government take necessary steps to follow up this report	112,113
R.115	Study and report on the needs of Franco-Ontarians in health services in the Sault Ste-Marie	230,231

	MINISTRY OF COMMUNITY AND SOCIAL SERVICES	
	Residence Richelieu, Welland:	181,182
R.80	. Recognize the need	182
R.79	. Hire a full-time project coordinator	182
R.80	. Financial assistance for the establishing of this French-language home for senior citizens	182
R.101	Casselholme, North Bay:	209,210
	. Ensure French-language services or enter into an agreement with Au Chateau in Sturgeon Falls	210
R.128	Golden Manor, Timmins:	
	. Better communication between staff and French-speaking residents	245
	MINISTRY OF LABOUR	
	Workmen's Compensation Board of Ontario:	
R.112	. Offer bilingual services at its offices in Elliot Lake	228
R.8	. Guarantee French-language services at the Downsview Rehabilitation Centre according to standards set for an hospital of Category V (Charts 5 and 6)	47 to 53
	HEALTH AGENCIES AND VOLUNTEER ORGANIZATIONS	
R.16	Form French-language units	69 to 72
R.17,18	French and English-language information programmes	69 to 72
	FRENCH-LANGUAGE ORGANIZATIONS	
R.40	Participate, with ACFO, to the study of this report	112,113
R.43	Study needs on a provincial basis and bring about improvements	112,113
R.43	Study needs on regional, local and parish levels and bring about improvements	112,113

OTTAWA-CARLETON		
R.8 ,10	Hospital Classifications:	47 to 59
R.54	- Category I: Montfort H.	136 to 141
	- Category II: Ottawa General H. St. Vincent H.	136 to 138 145 to 146
	- Category III: Children's Hospital for Eastern Ontario Royal Ottawa H.	142 to 145 146 to 148
	- Category IV: Ottawa Civic H.	148
	The University of Ottawa:	
R.19,45,46,47	. Bilingual Faculty of Medicine	86,87,117 to 122
R.31,48	. Bilingual School of Nursing	101,102,110,122 (to 124
R.49	. Bilingual status of the School of Dietetics	125
R28,29,50,51	. Study bilingual faculties of dentistry, optometry and therapy	98,126 to 128
R.22	. Study French faculties for minorities outside Quebec	93,94
	Algonquin College:	103,110,111,128 to 131
R.52	. More French-language courses	103,111,130,131
R.52	. Grants without restriction to minimum number of registrations	130,131
R.35	. Continue nursing diploma course in French	103,111,130
R.54,55,57	Montfort Hospital:	138 to 141,158 159
R.54	. Answer to needs of French-language population	140
R.54	. Renovations according to services which have to be rendered	140
R.54	. Costs according to real needs	140
R.54	. Services to fit the population served	140
R.54	. Special entity recognized on a regional basis	140
R.55	. Long-term projects: the Agnew-Peckham report - Dec.75	141
R.57	. Mental health team for Prescott-Russell	158,159
	St. Vincent Hospital:	
R.37	. Continue nursing assistants' course in French	111

	PRESCOTT-RUSSELL	
R.20	Region which is Underserviced in French:	88 to 90
R.56	. Vankleek Hill	157
R.8,10	Hospital Classification:	47 to 59
	. Category I: Hawkesbury Gen. H.	158
	St. Lawrence and Ottawa Valley Health Unit:	159,160,169,170
R.58	. Francophone assistant director for Prescott-Russell	160
R.59	. Health Board at least 50 percent French-speaking	160
R.60	. Hire bilingual staff	160
R.61	Establish a Robert Smarts Centre at Plantagenet	43,162
R.57,63	Bilingual Community Mental Health Team attached to Montfort Hospital	159,161,162,164
R.62,64	Local mental health coordinating Committee	164,165
	STORMONT AND GLENGARRY	
R.20	Region which is Underserviced in French:	88 to 90
	. Cornwall, Lancaster	170,171
R.8,R.10	Hospital Classifications:	47 to 59
	. Category II: Glengarry Memorial H., Alexandria	169
	Hotel Dieu H., Cornwall	167,168
	. Category III: Cornwall Gen. H.	168
	MacDonell H., Cornwall	168,169
	St. Lawrence College:	
R.34,R.65	. Remove linguistic requirements for admission in health sciences	110,171,172
R.66	. More health science courses in French	171,172
R.39	. Medical terminology course in French	111

	NIAGARA PENINSULA	
R.20	Regions which are Underserviced in French:	88 to 90
R. 70	. Port Colborne, Welland	176
R.8,10	Hospital Classification:	47 to 59
R.67	. Category III: Welland County General H.	174,175
	Welland County General Hospital:	
R.68	. A number of bilingual positions in Psychiatry	174,175
	Port Colborne General Hospital:	
R.69	. Translation service available	175
	Niagara Region Health Unit:	177,178
R.73	. French-language services in schools and homes	178
R.74	. Qualified French-speaking staff	178
R.76	. French literature	178
R.74,75	. Denver test in French	178
	Health and Welfare Services:	
R.78	. Recognize the need for French-language services and hire needed bilingual staff	180
	Residence-Richelieu: (Ministry of Community and Social Services)	181,182
R.80	. Recognize the need	182
R.79	. Hire a full-time project coordinator	182
R.80	. Give financial assistance	182
	Niagara College:	
R.39	. Medical terminology course in French	111
	WINDSOR	
R.20	Region which is Underserviced in French:	88 to 90
R.82	. Tecumseh	185
R.8,10	Hospital Classification:	47 to 59
R.81	. Category III: Hotel Dieu - St. Joseph H. Windsor	184,185

	Laurentian University:	93,94,97,98,220 to 223
R.32,33,110	. French course at the School of Nursing	97,98,102,103 110
R.29	. Study bilingual school of therapy	97,98,222,223
R.22	. Study French faculties for French minorities outside Quebec	93,94,222,223
	Cambrian College:	104,109,111,223 224
R.36	. Nursing diploma course in French	104,111,223,224
	. Nursing assistants' course in French	109,224
	Sudbury and District Health Unit:	211 to 213
R.102	. Bilingual staff for all services	212
R.103	. Advertize availibility of French language services	212
R.104	. Health instruction courses in French	213
	. Keep Elliot Lake-Blind River area services	213
	Cancer Society:	
R.107	. Form a French-language unit	216
	ELLIOT LAKE - BLIND RIVER AREA	
R.20	Regions which are Underserviced in French:	88 to 90
	. Espanola, Thessalon	228
R.8,10	Hospital Classifications:	47 to 59
R.111	. Category III: Espanola Gen.H.	226,227
	St. Joseph H., Blind River	226
	St. Joseph H., Elliot Lake	226
	North Shore Separate School Board:	
R.114	. Agreement with Sudbury for mental health evaluation services	229
	Workmen's Compensation Board of Ontario:	
R.112	. French services in Elliot Lake	228
	Family Services, Elliot Lake:	
R.113	. Form a French-speaking team	229

	SAULT STE.MARIE	
	Association Canadienne-Française de l'Ontario:	
R.115	. Study Francophones' needs in health services	230,231
	WAWA AND CHAPLEAU	
R.20	Region which is Underserviced in French:	88 to 90
R.117	. Chapleau	233
R.8,10	Hospital Classifications:	47 to 59
R.116	. Category III: Lady Minto H., Chapleau	232,233
	DISTRICT OF COCHRANE	
R.20	Regions which are Underserviced in French:	88 to 90
	. Cochrane, Hearst, Iroquois Falls, Matheson, South Porcupine, Timmins	240,241
R.125,126	. Awareness to need for French-speaking professionals	241
R.8,10	Hospital Classifications:	47 to 59
R.127	. Category I: Notre Dame H., Hearst	243,244
	. Category II: Smooth Rock Falls H.	244
	Sensenbrenner H., Kapuskasing	244
	. Category III: Lady Minto H.,Coch.	243
	Anson Gen.H.,Iroq.F.	243
	Bingham Gen.H., Matheson	243
	Porcupine Gen.H., South Porcupine	242,243
	St. Mary's H., Timmins	240,241,242
	Northern College:	237 to 239
R.36,123	. Nursing diploma course in French	105,106,109,239
R.38,123	. Nursing assistants' course in French in Timmins, Kapuskasing and Hearst	109,111,239
R.24	. French course in psychiatric nursing	95,96,106

	Ambulance service in Timmins:	
R.124	. Services in French at all times	240
	Porcupine Health Unit:	236,237
R.120	. Fair Francophone representation on health board	237
R.121	. Bilingual requirements in all services	237
R.122	. Support for bilingual courses at Northern College	237
	Kapuskasing District Separate School Board:	
R.119	. Be aware of the need for bilingualism in psychological services	235,236
	Alcohol and Drug Research Foundation:	
R.118	. A bilingual employee in Timmins area	235
	Golden Manor, Timmins: (Ministry of Community and Social Services)	
R.128	. Assure better communication between staff and French-speaking residents	245

	DISTRICT OF TIMISKAMING	
R.20	Regions which are Underserviced in French:	88 to 90
R.129	. Cobalt, Earlton, Haileybury, Kirkland Lake, Matachewan, New Liskeard, Virginiatown	247,248
R.8,10	Hospital Classifications:	47 to 59
R.130	. Category III: Kirkland Lake & District H.	249,251
	Temiskaming District H.	250,251
	Nursing Homes, Haileybury-New Liskeard	
R.131	. Services in French (when homes operational)	251,252
	The French-speaking population:	
	. Better participation through leadership and information	254,255
	Temiskaming District Health Unit:	
R.132	. Fair Francophone representation	253
R.132	. Improved bilingual services	253